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**The Hamilton-Wentworth  
Community Action Program for Children (CAPC) Project:  
Local Evaluation of the  
THE NOBODY'S PERFECT PROGRAM**

Social Planning & Research Council

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The Hamilton-Wentworth  
Community Action Program for Children (CAPC) Project:  
Local Evaluation of the  
**THE NOBODY'S PERFECT PROGRAM**

January 1998

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From May 01 1994 - March 31 1997  
(First Three Years of CAPC Funding)

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*The views expressed herein do not necessarily represent the official policy of Health Canada.*





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The Hamilton-Wentworth CAPC is a collaborative community effort of the following agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, the Skills Through Activity and Recreation (STAR) Program and the Social Planning and Research Council of Hamilton-Wentworth.

The views expressed herein are solely those of the author and/or the Community Action Program for Children Evaluation Committee and do not necessarily represent the official policy of the Social Planning and Research Council of Hamilton-Wentworth, Health Canada or the Province of Ontario.

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## EXECUTIVE SUMMARY

### The Hamilton-Wentworth CAPC Project:

A collaborative effort of five community agencies (The Regional Community Services Department, The Regional Public Health Departments, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program [STAR] and The Social Planning and Research Council of Hamilton-Wentworth), the CAPC project provides six programs for families 'at-risk' who reside in East Hamilton and Stoney Creek.

The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

### The Nobody's Perfect Program:

An initiative of the Department of Public Health, Nobody's Perfect received enhanced funding through the CAPC project in May 1994 to offer its parenting program at sites in the CAPC catchment area (East Hamilton/Stoney Creek).

An eight week educational program for parents of children from birth to age five, Nobody's Perfect meets the needs of parents who are young, single, have limited income, have limited formal education or those who are socially or geographically isolated. Using a flexible, non-formatted approach the program is tailored to the specific needs of each individual group. The group approach provides parents with the opportunity to connect with and support other parents through collective problem solving of common parenting issues. This group process is guided by two facilitators, usually a parent (peer) who is a graduate of the program, and a Public Health Nurse.

<b>Attendance:</b>	Number Served: 98
<b>Demographics:</b>	Number Who Completed Demographic Information Forms: 42 (43%)
<b>Marital Status:</b>	50% are single parents
<b>Participant Age:</b>	average participant age is 29 years



<b>Age of Children:</b>	69% have one child under 6 years of age in the home 26% have two children under 6 years of age in the home
<b>Household Income:</b>	57% - 69% live below the Low-Income Cut-Off (LICO) used by Statistics Canada for determining poverty
<b>Education:</b>	29% have not completed highschool 22% have completed highschool 45% have some post-secondary education
<b>Employment Status:</b>	5% are not working 31% are working part-time

### Reasons Why Participants Attend Nobody's Perfect:

Parenting:	<i>"to get help with parenting issues"</i>
Peer Support:	<i>"to learn from other parents"</i> Information: <i>"gain knowledge about children's development"</i>
Stress:	<i>"I need help dealing with stress, [child's name]'s feelings and anger."</i>
Other	<i>"for child to get involved (social, play), to get out, to join a group and get some helpful tips"</i>

### How 67% of the Participants Rated the Program:

Hats Off	53%
Thumbs Up	47%
So So	0
Thumbs Down	0
Blah	0

### What Participants Find Most Helpful About Nobody's Perfect:

Peer Support:	<i>"being here and knowing that I am not alone"</i>
Ways to Discipline Children:	<i>"alternatives to spanking"</i>
Resource Materials:	<i>"discussing ideas, books and papers. Finding out about social programs."</i>
Other:	<i>"problem solving techniques"</i>



## **What Participants Are Doing Differently As A Result of Nobody's Perfect:**

### **Alternative Parenting Methods:**

*"I have stopped spanking my child. I gear her toward somewhere else when she's doing something she's not supposed to do."*

### **Problem Solving:**

*"trying more problem solving and less yelling or getting upset over nothing."*

### **Communicating Differently with Child:**

*"I explain to my son rather than say Yes, No, etc...I have more patience."*

### **Increased Awareness:**

*"I am more aware of my own problems which makes me react more kindly to my children."*

## **Issues Discussed by Parents During Nobody's Perfect:**

child related issues

parenting related issues

relationship issues

mental health issues

financial issues

## **Vignette from the Qualitative Interviews**

### **PARTICIPANT A**

Participant A is a married woman with an infant child who is coping with specific mental and physical health issues. She joined the Nobody's Perfect program with the hope that it would offer her, "a day out, some time away from my baby and my husband...and hopefully some knowledge about issues that would help me with bringing up my [child's name]." As a result of her involvement with the program, she now understands the importance of implementing a regular schedule for her baby, "...I've realized how important it is for [child's name] to be on a regular schedule with her eating, because it affects her sleeping, which affects my life..."

Participant A explained how participating in Nobody's Perfect led her to become more involved in her community:

*..."at first Nobody's Perfect got me out into the community and I think it gave me a little bit of strength to do other things like...get involved with the tenant's committee. I think six months ago I would've said, forget it, I don't care what other people want...but it sort of made me look at my community and say, yeah, I want to be a positive influence on those kids. I want to do what I can to help them, and I want to do it for my own [child] as well, so that there's something good out there for her "*

This participant indicated she has made a number of positive behaviour changes in relation to her child's health, safety and/or behaviour. She now ensures that her child is on a regular schedule, she encourages greater parental participation by her husband; and she is more involved with her community so that she can be a positive influence on both her child and other children.

## **Conclusions**

Based on the data collected from April 01 1994 - March 31 1997, Nobody's Perfect is serving its target population of parents 'at-risk' who reside in East Hamilton and Stoney Creek.

Self-report qualitative data obtained from the participants indicate that the program is successful in increasing their knowledge and understanding of their children's behaviour. These data also indicate that program participants are changing their behaviour in relation to their children's health, safety and behaviour.

In addition to the knowledge the parents gain from the program, participants value the opportunity the program provides for peer support.

Participants value the program as a whole, of those who completed session evaluation forms, 55% gave it the highest rating (Hats Off), and 45% gave it the second highest rating (Thumbs Up).

Through using a peer model, and hiring graduates of the program to co-facilitate the program, as well as hiring one graduate to act as a Community Co-ordinator for Nobody's Perfect, program staff have learned to better appreciate the needs of the population, and have provided a successful role model for both program participants and other community agencies.

A copy of the entire report is available through the Social Planning and Research Council of Hamilton-Wentworth.

## 1.0 INTRODUCTION

This report summarizes evaluation findings for the Nobody's Perfect Program for the first three years it received CAPC funding from Health Canada (May 01 1994 - March 31 1997)

This report is one in a series of eight evaluation reports written on the Hamilton-Wentworth CAPC Project. These other reports, which include reports on the other CAPC programs and a report on the overall project are available through the Social Planning and Research Council of Hamilton-Wentworth.

Nobody's Perfect is one of seven programs under the umbrella of the Hamilton-Wentworth CAPC project which works with families "at-risk" to improve the health of children aged zero (prenatal) to six years. Families "at-risk" include families who are living on limited incomes and/or experience social isolation. The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

Nobody's Perfect was initially a project of the Regional Public Health Department. The CAPC Project enhanced its funding for offering programming within the CAPC catchment area, that is East Hamilton/Stoney Creek.

An eight week educational program for parents of children from birth to age five, Nobody's Perfect meets the needs of parents who are young, single, have limited income, have limited formal education or those who are socially or geographically isolated. Using a flexible, non-formatted approach the program is tailored to the specific needs of each individual group. The group approach provides parents with the opportunity to connect with and support other parents through collective problem solving of common parenting issues. This group process is guided by two facilitators, usually a parent (peer) who is a graduate of the program, and a Public Health Nurse.

By offering the program at locations in the community which are accessible by bus and are comfortable sites with accommodation for child care rooms, and by providing child care, bus tickets, and snacks, Nobody's Perfect overcomes many of the barriers which traditionally impact on parents 'at-risk' accessing services.





## 2.0 HISTORY OF THE CAPC PROJECT

The CAPC funding in Hamilton-Wentworth is the successful result of a proposal submitted to Health Canada. The proposal was a collaborative effort of the following five community agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program [STAR] and the Social Planning and Research Council of Hamilton-Wentworth.

Health Canada granted the project 1.5 million dollars for a three-year pilot (April 01 1994 - March 31 1997). This money was used to develop a CAPC infra-structure and fund the seven programs that were outlined in the original proposal. Three of these programs were existing programs (Baby's Best Start, Nobody's Perfect and Skills Through Activity and Recreation) which received enhanced funding to deliver more services in the CAPC catchment area. Four of the programs were new initiatives (Community Access to Child Health [CATCH], the Community Support Worker Program, the Parents Helping Parents Program and the Student Parent Resource Area/Young Parent Program), designed specifically to work with families "at-risk" living in East Hamilton and Stoney Creek. A portion of the money was committed to evaluating the seven programs and the overall project.

In addition to the funding from Health Canada, the five partner agencies of the CAPC project have contributed significant amounts of professional time, program resources and office space which are essential to the success of the project.

In March 1997, the Hamilton-Wentworth CAPC project received confirmation from Health Canada that it was successful in the renewal process, and full funding was secured for an additional three years (April 01 1997 - March 31 2000).

### 2.1 History Of The Nobody's Perfect Program

The Nobody's Perfect program was developed and implemented in the Maritime provinces, with funding from Health and Welfare, Canada. The evaluation done by Health and Welfare Canada in 1989 indicated that parents reported having learned a lot about parenting, feeling better about parenting, and observing improvements in their children's behaviour.

The Nobody's Perfect program was implemented in Hamilton-Wentworth in 1990, through the Department of Public Health. CAPC funding received by the program in April 1994 was used to fund program sites in the CAPC catchment area, that is East Hamilton and Stoney Creek. Using the existing infrastructure of the program, additional sites for the program were negotiated within the CAPC catchment area, child care, snacks and bus tickets were provided to participants and the program was promoted in East Hamilton and Stoney Creek. In 1996, a parent facilitator was hired to act as the Community Co-ordinator for Nobody's Perfect in East Hamilton/Stoney Creek.

### **3.0 AN OVERVIEW OF THE NOBODY'S PERFECT PROGRAM**

The information in this overview comes from evaluation forms completed as part of the National CAPC Evaluation. The headings and descriptions are pre-determined on the form, and are not written by program staff. When completing these forms, program staff are required to check off which options in a question best reflect the nature of the program

#### **Program Components:**

- home visiting (needs assessment)
- family/parent focused series

#### **Problems/Issues the Program Addresses:**

- meeting the needs of parents who are young, single, have limited formal education, have limited finances, or who are geographically isolated
- issues often include: parental coping (stress), relationships, parenting skills & attitudes, life skills, accessing community supports/resources, learning about child growth & development

#### **Benefits to Children Expected to Result from Program Activities:**

- improved physical health
- improved cognitive function, including language development and school preparedness
- fewer risks to the child during infancy or later including injury experiences
- improved social-emotional health including better interpersonal functioning, more self-esteem and happiness

#### **Benefits to Parent Expected to Result from Program Activities:**

- improved caretaking skills
- higher levels of social support including opportunities for socialization
- increased coping resources, including improved sense of well-being, self-esteem and sense of control
- strengthened family functioning
- group skills, increased ability to access community resources

### **Benefits to Neighbourhoods or Communities Expected from Program Activities:**

- higher levels of cohesion, affiliation or connectedness

### **Benefits to the Service Delivery Network:**

- higher levels of integration, co-ordination
- increased availability and accessibility of services
- improved quality of service

### **Nobody's Perfect Serves:**

- parents with young children
- parents who need support/assistance with problem solving regarding child care, management or supervision
- one parent families
- families with few material resources evidenced by low income, over crowded or inadequate housing, shortages of food or clothing
- service providers from the existing system (i.e. Regional Public Health Department, Regional Community Services) promote the program but parents must self-refer

### **Key Objectives of Nobody's Perfect:**

- increasing parents' knowledge and understanding of their children's safety and behaviour
- effecting positive change in the behaviour of parents in relation to their children's health, safety and behaviour, problem solving skills
- improving participants' confidence & self-esteem as parents
- improving participants' coping skills as parents

### **Major Activities/Content of Nobody's Perfect:**

- content: parental coping (stress), relationships, parenting skills & attitudes, life skills, accessing Community supports/resources, knowledge re: child growth and development
- activities: group discussion, demonstration, role play, skill practice, debate, reading (program resource books), films and videos, self-assessment or problem-solving tools



### **Nobody's Perfect Programming Occurs At:**

- elementary school
- parent child resource centre
- community health centre
- high school day care centre

### **Agencies, Organizations, & Groups That Contribute to Delivery of the Program:**

- Regional Public Health Department
- Social Planning and Research Council
- CAPC staff
- Lake Avenue School
- Sir Winston Churchill Secondary School
- Kiwanis Parent Child Resource Centre
- St. Joseph's Community Health Centre
- Queenston Parent Child Resource Centre
- volunteer child care providers
- Nobody's Perfect Interagency Committee

### **Roles available for participants in Delivering Nobody's Perfect:**

- a volunteer role for identifying and enlisting participants
- a paid staff role in the program (as a co-facilitator and member of the CAPC Service Provider Committee)
- participants routinely identify content/process for the program through feedback
- potential for some participants to go on to become program facilitators

### **Roles available for participants in Governing the Program:**

- informal opportunities to express their views and opinions about the program
- formal opportunities to express their views and opinions about the program (interviews, Surveys, focus groups)
- they sit on a management or governing committee and vote or directly influence decisions about the program
- promotion of program to public and professionals



## **4.0 EVALUATION OF THE NOBODY'S PERFECT PROGRAM**

This report summarizes the evaluation findings for the Nobody's Perfect program as part of the CAPC project. This program does operate sites in the community which are outside of the CAPC catchment area (see p 10 for a description of the CAPC catchment area), but, since these sites are outside the boundaries of the CAPC catchment area, the data for these sites are not included in this report

The Hamilton-Wentworth CAPC project is evaluated at three different levels: the national level, the regional level (which is the province of Ontario) and the local level

The local evaluation plan was developed to incorporate required components of the national and regional evaluations, in addition to components which the local evaluation committee determined were important for the local level

A brief description of the components of the Nobody's Perfect program evaluation follows

### **4.1 Program Development Form (Appendix One)**

- this form was developed for the National CAPC Evaluation
- this form collects information on the stage of development of the program, the lessons learned in terms of development and management of the program as well as changes made to the program
- this form is completed by program staff every six months

### **4.2 Demographic Information Form (Appendix Two)**

- collects demographic information on program participants and asks them why they come to the CAPC program

### **4.3 Written Participant Evaluation Form (Appendix Three)**

- completed by participants at the end of the series of classes offered in a Nobody's Perfect course
- asks participants what was most helpful about the program, what was least helpful about the program, what they are doing differently as a result of the program, if the program has helped them with parenting and if so, how, and how they would rate the program

#### **4.4 Written Service Provider Evaluation Form (Appendix Four)**

- completed by the group facilitators for the program at the end of each class offered in a Nobody's Perfect course
- asks the facilitators to describe the issues participants talked about, to describe the dynamics of the group and recommendations for future programming

#### **4.5 Attendance Form (Appendix Five)**

- collects information on the number of participants who attend program sessions

#### **4.6 Qualitative Interviews with Program Participants (Appendix Six)**

- completed on a small sample of CAPC participants to gain an in-depth perspective of the stresses in their lives, how they cope with those stresses, and the impact the CAPC program is having on them
- two participants from the Nobody's Perfect program were included in the interview sample

#### **4.7 Long Term Follow-Up Quantitative Interviews: Form E (Appendix Seven)**

- this interview was developed for the national level of evaluation to assess the impact of CAPC on participants over time
- this interview collects information on the participant's physical and mental health, their child's development, family functioning and the neighbourhood the family lives in
- these interviews are completed soon after the participant first joins the program (baseline), 9 months after baseline and twenty-four months after the baseline
- 15 participants from the Hamilton-Wentworth CAPC project (7 from the Nobody's Perfect program) are being interviewed as part of the national evaluation, an additional 32 CAPC participants (7 from the Nobody's Perfect program) are being interviewed for the local evaluation
- the 24 month follow-up interviews for the local evaluation will be completed in February 1998, at which point the data will be analyzed and a report written
- when the national data is available from Statistics Canada, the local sample will be statistically combined with the national sample to produce a large sample size for Hamilton-Wentworth which will allow for comparisons at the provincial and national levels



## **5.0 THE CAPC CATCHMENT AREA**

The CAPC catchment area encompasses East Hamilton and the town of Stoney Creek. This geographic area was chosen because it is an under serviced area of the region where a high concentration of high risk families reside. Needs assessments of both residents and agencies/churches/organizations within the area indicate that large numbers of the population are disadvantaged. Furthermore, residents of this area do not have local access to many of the services, resources and facilities enjoyed by residents of other areas in the Hamilton-Wentworth region. The CAPC catchment area has the following boundaries (see map, appendix two)

- West Boundary:       Strathearne Avenue & Cochrane Road
- East Boundary:       Fifty Road
- North Boundary:     Lake Ontario
- South Boundary:     the brow of the escarpment

### **5.1 Risk Indicators in the CAPC Catchment Area**

At the time of writing the CAPC proposal, the following risk indicators were identified in the catchment area through reviewing Regional Community Services records, conducting focus groups with residents and agency representatives, interviewing priests/ministers of churches, and reviewing census tract data:

- high levels of unemployment
- high levels of poverty and related under nutrition
- poor parenting skills among many isolated, disadvantaged families
- escalated frequency of violence including child abuse
- lack of locally accessible formal and informal resources (health, social, recreational, and cultural)
- high rates of low income families
- high rates of single parent families
- low literacy rates

A recent Risk and Capacity Profile of Hamilton-Wentworth (Henry, 1997) revealed that Hamilton is at a significantly higher risk for poverty and social assistance compared to both the province and the country. A brief description of these risk factors follows:

#### **5.1.1 Income Levels**

In terms of income levels, the City of Hamilton and the town of Stoney Creek are the two poorest areas within the region of Hamilton-Wentworth.

(The City of Hamilton has an average income which is below both the Canadian and Ontario averages. Henry (1997), reports, using 1991 data from Statistics Canada, the following figures:

### **5.1 INCOME LEVELS**

<b>Geographic Area</b>	<b>Poverty Rate (number of families earning &lt; \$20 000)</b>
Canada	16.8%
Ontario	13.1%
City of Hamilton	17.4%
Town of Stoney Creek	8.8%

The academic research literature has consistently shown that poverty correlates with more negative outcomes for children than any other single factor. In his "Risk and Capacity Profile of Hamilton-Wentworth", Henry (1997) lists the following outcomes as being associated with child poverty:

- higher infant mortality, low birth-weight babies and chronic health problems
- reduced opportunities for developing a secure attachment to a caregiver in infancy
- a higher risk of being abused
- an increased likelihood that the child will make use of physical aggression in relating to others
- a greater risk for emotional and psychological problems
- a greater risk for suicide
- less opportunity to develop social skills
- poor school performance

#### **5.1.2 Social Assistance Rates**

Social assistance rates are often used as an indicator of poverty in a city or region. Henry (1997), reports that in 1995, 14.9% of the population in the Hamilton-Wentworth region (the region includes Hamilton, Stoney Creek, Flamborough, Glanbrook, Ancaster and Dundas) were receiving social assistance. This is higher than the total social assistance rate for Ontario in 1995. In more detail, in 1995, more than 45,000 people in Hamilton-Wentworth were receiving General Welfare Assistance (GWA) and more than 45,000 people were in receipt of the Family Benefits Allowance (FBA).

Subtracting the social assistance rate for the region (14.9%) from the poverty rate for the region (17.4%) reveals that, in 1995, 2.5% of the population in Hamilton-Wentworth would be categorized as "working poor"

### **5.1.3 Additional Risk Indicators:**

#### **IMMIGRATION**

Over 20% of residents in Hamilton-Wentworth identify a language other than English as their mother tongue (Henry, 1997). This is reflective of the presence of both long-term immigrants (e.g. Italian, Polish, Cambodian) and more recent immigrants from war-torn countries (e.g. Croatia, Slovenia, and Serbia). Past experiences of these immigrants combined with barriers such as language, racism, and cultural insensitivity result in a lack of access to traditional health and social services, and a higher risk for negative outcomes for their children.

► The presence of these high risks in the region resulted in a recommendation in the Risk and Capacity Profile *"to increase investment in families with children younger than six who live in neighbourhoods with high rates of poverty and social service use, to prevent the need for further services."* This recommendation is in line with the work which the CAPC project is doing.



## 6.0 ATTENDANCE AT THE NOBODY'S PERFECT PROGRAM

Nobody's Perfect offers sessions in response to registration demands. Once a participant has self-referred to Nobody's Perfect, a staff member makes a home visit to determine the participant's needs. Groups of participants are then developed who have similar needs in terms of course content.

Sessions are not offered during the summer, based on low attendance rates previously experienced by the program during the summer months.

Between October 1994 and March 1997, Nobody's Perfect offered 11 courses in the CAPC catchment area. Based on data collected on the attendance form (see appendix five), a total of 98 different parents attended these sessions, with 80 (82%) of the parents attending three or more sessions in a course.

Between courses, program staff are busy promoting the program, negotiating sites for the program and training facilitators for the program.



**TABLE 6.1: ATTENDANCE AT NOBODY'S PERFECT**

Site and Dates Courses Offered	Number of Participants Who Attended (N=98)	Number of Parents Who Attended 3 or More Sessions (n=80)
Winston Churchill Secondary School October 1994	8	8
Kiwanis Parent-Child Drop-In October 1994	10	8
Lake Avenue School March 1995	13	10
Kiwanis Parent-Child Drop-In March 1995	9	7
Red Hill Family Centre October 1995	6	6
Kiwanis Parent-Child Drop-In October 1995	8	7
Queenston Parent Child Resource Centre: February 1996	14	12
Queenston Parent Child Resource Centre: April 1996	7	6
St. Joseph's Community Health Centre: May 1996 *	2	2
Queenston Parent Child Resource Centre: October 1996	8	8
CAPC Office (Riverdale Outreach Program): February 13 1997 - April 10 1997	13	6

\* note that this session initially had 9 participants registered, when only two showed up for the first class, the remaining 7 were phoned and all agreed to attend the second class, however at the second class there was only the initial two participants who had already started the series and were not able to move into another session, thus the series was run with two participants, and one facilitator

## 7.0 DEMOGRAPHICS OF PROGRAM PARTICIPANTS

### 7.1 Limitations Of Demographic Data

It is important to note that the demographic data presented in this report was collected on 43% of the participants who attended the Nobody's Perfect Program. It is not known for the remaining 57% of the participants how many refused to complete the demographic form, how many were not given the opportunity to complete the form, or how many were uncomfortable with completing the form due to literacy issues. Therefore, the demographic data presented, while useful, must be interpreted with caution as it represents just over half of the participants who attended the program.

Questions about personal income, education levels and work status are often perceived as intrusive by the person being asked the questions, and, often by the person who is asking the questions. Thus, a lower response rate on these questions is not surprising.

Another limitation results from the data being based on participant self-report. Self-reported data have the potential to be inaccurate due to lack of knowledge about some questions (i.e. accurate income levels), and/or fear of reporting all of the facts (e.g. a person receiving social assistance is not likely to report any additional income).

### 7.2 Demographic Highlights On CAPC'S's Nobody's Perfect Participants

#### **TOTAL NUMBER OF DIFFERENT PARTICIPANTS SERVED: 98**

(from October 1994 - March 1997)

#### **• 43% (42) of the participants completed a demographic information form (appendix two)**

Please note that 17 of the 42 participants who completed the demographic form, completed information on the second parent (the parent not involved in the program, one was a female, the other 16 were male). This information is reported in the tables to provide a larger context to the data. Since the data on these 17 second parents is not part of the data on the 42 participants, it is not reported in the demographic highlights.

The following information is based on the 42 participants who completed the demographic form:

- 88% are female
- 50% are single parents
- average participant age is 29 years
- no teen parents participated in Nobody's Perfect
- 100% of participants speak English as a first language in their home
- 26% of participants have more than one child under six living in the home, 69% have one child under six living in the home
- 57% - 69% are living below the Low-Income Cut-Off (LICO) used by Statistics Canada for determining poverty (the range is a result of asking for income ranges as opposed to actual incomes)
- 29% have not completed highschool
- 22% have completed highschool
- 45% have some post-secondary education
- 55% are not working outside the home
- 31% are working part-time
- 10% are working full-time
- 4% left this question blank
- 57% of the participants live in the CAPC catchment area

### 7.3 Interpretation Of The Demographic Data

As previously mentioned in the section on limitations of the demographic data (p 22), these data need to be interpreted with caution as they are based on a sample of 43% of the participants who attended the Nobody's Perfect program.

The demographic data collected from this sample indicate that the program is serving the population it is designed for, that is families 'at-risk' who live in East Hamilton and Stoney Creek.

Families 'at-risk' were defined in the CAPC proposal as families who were living with limited income and/or experiencing social or geographic isolation. The income data collected indicate that 61%- 68% of the sample have household incomes below the poverty line (p. 32). These data also indicate that none of the participants report household incomes which are more than \$16,000 above the poverty line, a finding which confirms that all of the participants are living on limited incomes.

Based on the demographic data, the program has not served any teens. Since a few teens did attend the program, they must be among the 55% of the participants who did not complete demographic information forms. Although the program is designed for parents of children from birth to age five, the majority of parents who attend the program are seeking assistance with children aged two years and up. This is due to the fact that children at this age are talking, and displaying egocentric behaviours which often are difficult for parents to deal with. Given this fact, it is not surprising that there are few teens serviced by the program. If a 16 year old gave birth and then were to attend Nobody's Perfect, she would be 18 by the time she participated in the program.

The data reveal that 55% of the participants live outside the CAPC catchment area. This is partially explained by the fact that while the sites are offered in the CAPC catchment area, Nobody's Perfect is also offered in the greater area of Hamilton-Wentworth and parents are assigned to groups on the basis of both identified need in terms of content, and on the convenience of the location. Therefore, some parents from outside the CAPC catchment area may be assigned to a group within the area due to identified need in terms of content.

#### 7.4 Gender Of Nobody's Perfect Participants

**TABLE 7.1: GENDER OF NOBODY'S PERFECT PARTICIPANTS (N=42)**

Female	Male
37 (88%)	5 (12%)

#### 7.5 Family Composition Of Nobody's Perfect Participants

**TABLE 7.2: FAMILY COMPOSITION OF NOBODY'S PERFECT PARTICIPANTS**

Family Composition	Number (%)
single parent family	21 (50%)
two parent family	15 (36%)
several relatives living together	2 (4%)
question not answered	4 (10%)

## 7.6 Age Breakdown Of Nobody's Perfect Participants

**TABLE 7.3 AGE BREAKDOWN OF NOBODY'S PERFECT PARTICIPANTS  
(N=42)**

Gender	Average Age	Range
Female (n=37)	29 years	17 - 44 years
Male (n=5)	27 years	19 - 43 years
Second Parent (n=14)	29 years	17 - 43 years

Number of Teen Participants (18 years of age or less): 0

## 7.7 Languages Spoken In The Homes Of Nobody's Perfect Participants

**TABLE 7.4: LANGUAGES SPOKEN IN THE HOMES OF NOBODY'S PERFECT  
PARTICIPANTS(N=42)**

Language(s) Spoken	Number (%)
English	42 (100%)

## 7.8 Catchment Area Statistics For Nobody's Perfect Participants

**TABLE 7.5 CATCHMENT AREA STATISTICS FOR NOBODY'S PERFECT  
PARTICIPANTS (N=42)**

Live Inside CAPC Catchment Area	Live Outside CAPC Catchment Area	Did Not Provide an Address on Form D
24 (57%)	13 (31%)	5 (12%)



## 7.9 Number Of Children 6 Years And Under Living In The Participants' Homes

TABLE 7.6: NUMBER OF CHILDREN 6 YEARS AND UNDER LIVING IN THE PARTICIPANTS' HOMES

Number of Children 6 years or under living in the home	Number of Participants (%)
one child	29 (69%)
two children	11 (26%)
three children	2 (4%)

### 7.10 Gross Household Income For Nobody's Perfect Participants & Its Relation To The Statistics Canada Low-income Cutoff (LIFO) Or Poverty Line

The most frequently used measure for determining poverty is the Statistics Canada Low-Income Cut-Off (LICO). This has been identified as a consistent way of identifying those who are "substantially worse off than average." A family at or below a LICO is one which spends more than 55% of its income on food, shelter and clothing. The LICO measures relative poverty, that is, how people at the low income end are faring compared to those of "average" income (Campaign 2000). There are 35 LICOs for Canada which vary according to family size and community size. The LICOs used in this report are the 1996 LICOs from Statistics Canada for the city of Hamilton. LICOs for the town of Stoney Creek are slightly lower than those for Hamilton, for example, the LICO for a family of four living in Hamilton is \$ 27,651, while the LICO for a family of four living in Stoney Creek is \$27,459 (Henry, 1997).

**TABLE 7.7: GROSS HOUSEHOLD INCOME FOR NOBODY'S PERFECT PARTICIPANTS & ITS RELATION TO THE STATISTICS CANADA LOW-INCOME CUTOFF (LIFO) OR POVERTY LINE**

Number in Family	1 (n=1)	2 (n=15)	3 (n=14)	4 (n=11)	5 (n=1)	Total (N=42)
<b>INCOME RANGE</b>						
< \$5 000	1 (2%)	1 (2%)	1 (2%)	0	0	3 (8%)
\$ 5 000 - \$ 9 999	0	7 (17%)	1 (2%)	0	0	8 (21%)
\$10 000 - \$14 999	0	6 (14%)	5 (12%)	2 (5%)	0	13 (31%)
\$15 000 - \$19 999	0	1 (2%)	0	0	0	1 (3%)
\$20 000 - \$29 999	0	0	3 (7%)	1 (2%)	0	4 (10%)
\$30 000 - \$39 999	0	0	2 (5%)	3 (7%)	0	5 (13%)
Not Answered	0	0	2 (5%)	5 (12%)	1 (2%)	8 (19%)
<b>Stats Can LICO</b>	\$ 14,694	\$ 18,367	\$ 22,844	\$ 27,651	\$ 30,695	
<b>Number Below LICO</b>	1	14 - 15	7-10	2 - 3	0	24 -29 (57% - 69%)

### 7.11 Education Levels Of Nobody's Perfect Participants

**TABLE 7.8 EDUCATION LEVELS OF NOBODY'S PERFECT PARTICIPANTS (N=42)**

	Female Participants (n=37)	Male Participants (n=5)	Second Parents (n=17)
no formal schooling	0	0	0
some elementary	0	0	0
completed elementary	0	0	0
some secondary	11	1	3
completed secondary	9	0	4
some community or technical college	6	3	2
completed community or technical college	8	1	6
some university	1	0	2
completed university or teacher's college	0	0	0
question not answered	2	0	0

### 7.12 Employment Status of Nobody's Perfect Participants

**TABLE 7.9: EMPLOYMENT STATUS OF NOBODY'S PERFECT PARTICIPANTS (N=42)**

	Female Participants (n=37)	Male Participants (n=5)	Second Parents (n=17)
not working outside of the home	23	0	7
working part-time	11	2	2
working full-time	1	3	8
question not answered	2	0	0



## 8.0 PROGRAM PROCESS DATA

### 8.1 Developmental Stages Of The Nobody's Perfect Program

This data is collected on the program development form (appendix one) which is completed by program staff

**TABLE 8.1: DEVELOPMENTAL STAGES OF THE NOBODY'S PERFECT PROGRAM**

	May 1994	Jan 1995	June 1995	Sept 1995	April 1996	Sept 1996
Planning and operational aspects of the program were worked out: the program was running at or near capacity and major issues such as engaging participants, program content, etc., had been resolved	✓	✓	✓	✓	✓	✓



## 8.2 Lessons Learned From The Nobody's Perfect Program

This data is collected on the program development form (appendix one) which is completed by program staff

**TABLE 8.2: LESSONS LEARNED FROM THE NOBODY'S PERFECT PROGRAM**

	June 1995	September 1995	April 1996	September 1996
<b>DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>we need to continue to develop more sites in the CAPC catchment area</li> <li>we need to recruit more parent facilitators</li> </ul>	<ul style="list-style-type: none"> <li>new site development</li> <li>increased parent facilitators</li> </ul>	<ul style="list-style-type: none"> <li>Objectives around parental coping/self-esteem are more important than those around increasing knowledge of children's growth and development and behaviour</li> </ul>	<ul style="list-style-type: none"> <li>participants are much more successful and adept at learning about parenting strategies once their needs have been met in terms of stress management, relationship issues, etc.</li> </ul>
<b>GOVERNANCE</b>	<ul style="list-style-type: none"> <li>the Nobody's Perfect Interagency Committee serves well in this capacity - we get a variety of perspectives (professionals and parent facilitators) regarding issues and problem solving</li> </ul>	<ul style="list-style-type: none"> <li>same as in June 1995</li> </ul>	<ul style="list-style-type: none"> <li>home visiting is the best strategy for recruitment, a recent attempt at doing the initial screening over the phone resulted in both less effective screening of parents in groups, and a large decrease in recruited participants who showed up</li> </ul>	<ul style="list-style-type: none"> <li>developed position for a Community Co-ordinator to assist with all parts of the program, and hired a parent facilitator for this role</li> <li>benefits of having a parent facilitator in the Community Co-ordinator role include: (i) having a graduate of the program involved at the program planning levels, (ii) having a positive role model for both parents who are involved in the program, as well as for other community agencies, and (iii) to allow for personal development of the parent</li> </ul>

	June 1995	September 1995	April 1996	September 1996
OTHER	<ul style="list-style-type: none"> <li>•working with parent facilitators requires much time/support, but proves very beneficial to the group members; they have a "peer" they can relate to</li> </ul>	<ul style="list-style-type: none"> <li>•parent facilitators require additional time/support yet very beneficial</li> <li>•additional parent facilitators to be trained for the program in January 1996</li> </ul>	<ul style="list-style-type: none"> <li>• much more time than anticipated is required to support parent facilitators due to their lower literacy levels, self-esteem issues and personal stresses which affect their work performance</li> </ul>	<ul style="list-style-type: none"> <li>• much more time than anticipated was required to support the Community Coordinator in her job, and in relating to the requirements of working in a system</li> </ul>

### 8.3 Changes Made To The Nobody's Perfect Program

This data is collected on the program development form (appendix one) which is completed by program staff

**TABLE 8.3: CHANGES MADE TO THE NOBODY'S PERFECT PROGRAM**

June 1995	September 1995	April 1996	September 1996
<ul style="list-style-type: none"> <li>● new site was developed</li> <li>● more effort is required to establish community links</li> <li>● negotiated sharing of staff and materials with new site</li> <li>● parent facilitators co-facilitated with community professionals (they had previously only worked with public health nurses)</li> <li>● payment schedule for parent facilitators tailored to individual needs</li> </ul>	<ul style="list-style-type: none"> <li>● new sites - since transportation for participants is an issue, it is important to bring the program closer to them</li> <li>● increased links with community agencies</li> <li>● parent facilitators trained to co-facilitate with professionals</li> </ul>	<ul style="list-style-type: none"> <li>● nothing reported</li> </ul>	<ul style="list-style-type: none"> <li>● made program more community based'</li> <li>● developed a Community Co-ordinator role when community person approached us with the suggestion</li> <li>● have made the program accessible to the hearing impaired population</li> </ul>

## 9.0 DATA FROM THE PROGRAM PARTICIPANTS

### 9.1 Reasons Why Participants Come To Nobody's Perfect

For evaluation purposes, participants are asked why they attend Nobody's Perfect at different times and in different ways. There is an open-ended question on the demographic information form (appendix two) which asks simply, "Why do you come to this program?" Qualitative interviews begin by asking participants how they found out about the program and why they attend. The themes below are major themes which consistently emerge from different data sources (demographic forms and qualitative interviews) when Nobody's Perfect participants are asked why they come to the program. The italics indicate the participants words verbatim.

#### **Parenting**

Given the Nobody's Perfect is a parenting program, it is not surprising that the majority of participants referred to parenting when explaining why they attend the program. Below is a list which represents how participants referred to parenting when explaining why they attend the program:

- *"because I feel I do not know everything I need to know about parenting"*
- *"to learn better parenting skills and to find better ways to deal with stressful situations with children"*
- *"to get help with parenting issues"*
- *"learn skills to help me become a better parent"*

#### **Peer Support**

Participants referred to the support they received from others at the program as a reason why they attend:

- *"group support - brainstorming on parental issues"*
- *"to learn from other parents"*
- *"find out how other parents deal with problems"*

#### **Information**

Some participants listed information as the reason they attend Nobody's Perfect:

- *"helpful information"*
- *"gain knowledge about children's development"*

#### **Stress**

A few of the responses to this questions included the need for help in dealing with stress:

- "I need help dealing with stress, [child's name]'s feelings and anger".
- "to get some help with stress"

#### Other

In addition to parenting, peer support, information, and stress related issues, the following reasons for attending Nobody's Perfect were identified:

- "saw the brochure and the course looked really good"
- "I need to learn to manage my time better and deal with fussy baby"
- "for child to get involved (social, play), to get out, to join a group and get some helpful tips"

#### Participant Evaluation Form

67% (66) of the participants completed the participant evaluation form (appendix three). The following information is based on these 66 forms.

- "100% answered "yes" when asked if Nobody's Perfect helped them with parenting "

### 9.2 How participants Rated the Program

**TABLE 9.1: HOW PARTICIPANTS RATED THE PROGRAM:**

	HATS OFF	THUMBS UP	SO SO	THUMBS DOWN	BLAH
NUMBER OF PARTICIPANTS	35 (53%)	31 (47%)	0	0	0

### 9.3 "What Do You Find Most Helpful?"

#### Peer Support

The majority of participants referred to the support they received from the other participants in the program as being the most helpful aspect of the program. This agrees with the responses to why the participants attend the program, which was asked on the demographic form. A sample of the references made to peer support follows:



- *"the informal discussions with regards to each parent's individual problem/concern was most helpful"*
- *"being here and knowing that i am not alone"*
- *"the discussions - other parents insights and opinions on discipline especially - helps to know other parents have similar feelings and problems in dealing with their children"*
- *"being with others with the same problems"*

### **How To Discipline Children**

Many of the participants found learning about disciplining children most helpful:

- *"finding out other ways of discipline"*
- *"alternatives to spanking"*
- *"ideas on discipline and reasons why children do what they do (how they think)"*

### **Resource Materials**

Some of the responses about what the participants found most helpful included information about the resource materials which are part of Nobody's Perfect:

- *"a lot of the brochures that I could take home and the classbooks we get to keep"*
- *"discussing ideas, books and papers. Finding out about social programs."*
- *"pamphlets, phone #s, info"*

### **Other**

In addition to peer support, disciplinary skills and resource materials, a few other things were valued as most important by participants in the Nobody's Perfect Program:

- *"I found the most helpful thing was to learn to communicate better with my son"*
- *"problem solving techniques"*
- *"the ability to have someone watch the baby while I did the program"*

## **9.4 "What Is Least Helpful?"**

Most of the participants either left this question blank, responded nothing, or responded by saying that everything was helpful. Some of the participants did specify what they found to be least helpful about the program, these responses are listed below:

### Time Constraints

- *"not enough time to really discuss some things in more detail for each person present. We have to cover a lot of topics in a short time."*
- *"that there wasn't enough time to talk about all the problems"*

### Personal Stories

- *"sometimes too much chit-chat off topic"*
- *"some of the other people's topics had no meaning for me"*
- *"specific personal discussions"*
- *"There was less information provided than I had generally anticipated. However, we do have the program books and it is often easier to obtain books/info on various parenting issues, so I was glad in the end that the group discussion was there."*

### Specific Topics

- *"the talking on infant stages because I'm past that stage"*
- *"identifying what children do at certain ages"*
- *"health and safety issues"*
- *"different support groups (handouts)"*

### Other

- *"not enough discussion on coping with stress or techniques"*
- *"I found small numbers in the group, the flip chart and waiting for people to show up"*
- *"small group numbers and having one leader pulled halfway through (refer to note on p.7)"*

## 9.5 What Are You Doing Differently As A Result Of The Program?

### Trying Alternative Parenting Skills

Many of the participants referred to different ways they are disciplining their child as a result of Nobody's Perfect. Some responses reflect a decrease in a type of discipline, some reflect the adoption of a new method of discipline, and others refer to both. These statements reflect changes in knowledge, attitudes and behaviours of parents, which is congruent with the goals of the program.

- *"not yelling as much & doing more listening"*
- *"I am explaining things instead of just saying "no". I look at why he is doing something before disciplining him."*

- *"I don't spank as much as I used to. I am able to stay a little bit calmer when a problem arises."*
- *"not yelling so much. giving my kids a chance to explain (talk) Helping my kids to be angry constructively."*
- *"I have stopped spanking my child. I gear her toward somewhere else when she's doing something she's not supposed to do."*
- *"giving a lot of praise. not yelling. disciplining more."*
- *"not yelling at them as much. not spanking. and listening to them more "*
- *"using time out"*
- *"I am more patient and tolerant. I have new ways for making her behave and listen to me."*

### **Problem Solving/stopping To Think Before Acting**

Often related to disciplining, many of the participants responded by saying that they are stopping to think before they act, trying to put things into perspective and seek solutions to their problems:

- *"I am using the 4 step problem-solving method, I am working on consistency."*
- *"stopping to assess the problem. Not overreacting. Taking things in stride."*
- *"being more patient at home (with children). Avoiding the trap of being too involved in situations but rather taking a step back to look at the big picture and problem solve."*
- *"a lot of thinking before acting"*
- *"trying more problem solving and less yelling or getting upset over nothing"*
- *"stop to think why instead of just reacting, not just slapping or saying no"*
- *"I'm thinking before I say or do things to punish my child"*
- *"problem solving. Feeling better as a parent. Spending better quality time with children."*

### **Communicating Differently With Child**

Parents who participated in the program referred to changes they had made in how they communicate with their child, and often referred to trying to understand their child's behaviour:

- *"trying new techniques with my children. Trying to think of different ways to talk to my children."*
- *"I relax & think out why children do & how they do what they do"*
- *"communicating better with my child. Understanding children's needs better"*
- *"I explain to my son rather than say Yes, No, etc.. I have more patience. Reassured with my parenting, better ideas. I know more options. I listen more, I'm more open-minded. I know "nobody's perfect.""*
- *"I listen to my daughter more, consider her feelings, enjoy my time with her - plan activities and time better."*

- *"being open and helpful with my daughter. helping me to be a better parent."*
- *"having more fun with my child"*

### **Increased Awareness**

Some participants referred to having more knowledge about issues such as safety, health concerns and their own feelings:

- *"I really try to prevent any accidents or safety hazards before they happen"*
- *"more aware of health concerns and when a doctor's visit is appropriate. Needs in regards to development and proper eating."*
- *"find help/find out why she behaves the way she does"*
- *"better stress management"*
- *"living more of a healthy lifestyle. I have cleaned up my own act."*
- *"I am more aware of my problems which makes me react more kindly to my children"*

## 10.0 DATA FROM THE PROGRAM STAFF

### 10.1 Participant Issues

Below is a summary of issues identified by facilitators on the service provider evaluation form (appendix four) which were discussed formally/informally by participants during the group sessions

#### Child Related Issues

- stress related to children
- sibling rivalry
- specific behaviour concerns
- bedtime
- separation/visitation rights, preparing children for changes
- how to speak to children about death
- children's eating habits
- abandonment - child's reactions
- breast feeding and weaning
- child self-esteem
- growth charts
- sexual health of children
- toilet training of 3 year old
- tantrums
- children exploring bodies
- how to save a baby from choking
- spanking
- child abuse
- regression in toilet training
- sleep interventions for toddlers
- divorce - effect on children - coping

#### Parenting Related Issues

- social support - how important it is
- parents past history
- single parenting
- discipline
- what are parents rights anymore?
- using a reward system
- what power does CAS have?
- what is going on with the parent, not is to validate each other as parents just the kid
- how to continue effective parenting at grandparents
- concerns re: CAS
- difficulty with managing child's behaviour in their own home
- bribing/rewarding
- problem solving seems simple until the heat of the moment



### **Relationship Issues**

- coping with in-laws
- domestic violence
- violence/anger/power & control dynamics in relationship
- concerns re: ex-spouses
- how to be supportive & non-judgemental of women in abusive relationships
- other people's impressions, dealing with them

### **Mental Health Issues**

- disorder or situational depression
- post partum mood disorder
- depression
- strategies to cope with loneliness
- need for individual counselling
- thought disorder
- irrational thinking due to PMS
- substance abuse and coping/withdrawal strategy
- anger vs depression vs anxiety

### **Financial Issues**

- lack of money for food
- housing concerns
- Harris cuts - financial pressures, not being able to afford things for child
- need for toy exchange/book exchange
- Christmas registry for food/gift packages

### **Information**

- Kidstrian safety kits
- COPE program
- groups for parents of older children (5-12 years)
- vitamins
- obstetrical care
- Halloween safety
- want to take NP again
- getting help - community agencies

## **10.2 Recommendations Made By Program Staff**

- use street proofing video again
- use resource table again
- allow more time for community resources, community groups for parenting and women, rather than just giving out handouts
- anger management could be discussed in a future class
- keep the variety of learning methods

- with a large group, be careful when discussions go off on tangents. need to ensure that everyone gets a chance to speak and the groups' needs are met
- reinforce concepts of parents' stress throughout series
- discuss needs and topics for group before talking about ground rules
- allow more time for wrap-up
- having questions from the prior session enable nurse to bring in appropriate materials
- helpful to have discussion before evaluation sheets completed, especially for participants who have lower literacy
- have set scenarios to use with problem solving steps
- have a debate re: pros and cons of spanking
- be more aware of CAS roles
- take the time to listen to what the participants felt/though at the end of the session
- introduce problem solving steps in earlier session
- have certificate typed up and ready before the group starts
- let group decide how they want to set up behaviour management
- need to re-introduce problem solving steps
- allow time to practice stress management strategies, build one strategy into each session, "develop individual coping stuff"
- continue to allow for tangents in discussions, sticking to agendas is not always useful
- perhaps some groups would respond to "safe" topics first, then move onto more stressful/personal topics
- have a group member designated as leader of the discussion so that the group stays on topic and goes deeper
- allow for tangents and see where they go, fight the urge to keep on track due to time
- always show spanking video

### **10.3 Recommendations Made By Program Participants**

- focus on behaviours
- extend program time
- use Kidestrian safety kits
- have coffee at beginning, more social environment
- allow books to be taken home during course
- more ways to deal with stress

- how do you deal with CAS
- more sessions
- keep support exercise
- more on stress management in regards to children
- good to have topics scheduled so groups don't turn into "bitch" sessions
- food/social support/sharing equally as important as content

## 11.0 VIGNETTES FROM THE QUALITATIVE INTERVIEWS

### 11.1 Participant A

Participant A is a married woman with an infant child who is coping with specific mental and physical health issues. She joined the Nobody's Perfect program with the hope that it would offer her, "...a day out, some time away from my baby and my husband...and hopefully some knowledge about issues that would help me in bringing up my [child]". As a result of her involvement with the program, she now understands the importance of implementing a regular schedule for her baby, "...I've realized how important it is for [my child] to be on a regular schedule with her eating, because it affects her sleeping, which affects my life."

Participant A explained how participating in Nobody's Perfect led her to become more involved in her community:

*"...at first [Nobody's Perfect] got me out into the community and I think it gave me a little bit of strength to do other things like...get involved with the tenant's committee. I think six months ago I would've said, forget it, I don't care what other people want...but it sort of made me look at my community and say, yeah, I want to be a positive influence on those kids. I want to do what I can to help them, and I want to do it for my own [child] as well, so that there's something good out there for her."*

This participant indicated she has made a number of positive behaviour changes in relation to her child's health, safety and/or behaviour. She now ensures that her child is on a regular schedule; she encourages greater parental participation by her husband; and she is more involved with her community so that she can be a positive influence on both her child and other children.

### 11.2 Participant B

Participant B is a single mother with a pre-school aged child. Stresses in her life include three ex-boyfriends (including the father of her child) and her financial situation. She referred to finding solace in the program, if only for two hours a week.

A previous participant of Nobody's Perfect when her child was an infant, she joined the program a second time due to concerns about age-specific child-rearing issues such as temper tantrums and toilet training.

This participant repeatedly referred to the information she received from the program:

*"...I liked it [Nobody's Perfect] because it had like brochures on all kinds of stuff, and during the class they would have a table and they'd set all this stuff out, you know, stacks of street proofing and immunizations and everything you could think of that had to do with, you know, there was one on how to get rid of head lice, you know, so if you're interested, you just helped yourself, so it was, it was informative mostly it was what you actually wanted, you know."*

Participant B spoke little about changes in her parental behaviour, but what she did say was significant. She referred to doing more "kid-oriented things" and inviting more input from her child as a result of her involvement in the program:

*"I find I'm more involved with [my child] now. [For example], for Christmas I got [my child] an easel and paint. So we do painting, and we do more kid-oriented things. You know, like just before Christmas we went to see "Toy Story", so we went to that. Or, you know, we just sort of, like, we do more things that [my child] wants to do. Like if [my child] wants to go [to the park] and feed the squirrels, you know, we just hop on a bus, take a buggy, and you know. Basically it used to be what I wanted to do; now it's more like, you know, well you run the show, so you tell me what you want to do...it's better now."*



## 12.0 PARTICIPANT COMMENTS ABOUT PROGRAM STAFF

*"...these were like real professionals. Once was a social worker and one was a nurse. It's not like it was just anybody who...just wanted to be there and run a program... You could come up to [leader] and talk to about anything...if somebody wanted to talk about [something]...after class, she would actually sit and talk to you about whatever...because she didn't mind staying 10 or 15 minutes after class to talk to you about whatever. It didn't have anything to do with the program, but it had something to do with the person, and she didn't mind."*

*"...I think there were very professional in their job...I thought they were very nice and very understanding and very helpful."*



## 13.0 NOBODY'S PERFECT PROGRAM : OBJECTIVES, INDICATORS AND OUTCOMES

### Objective:

- to enhance participants' knowledge and understanding of their children's health, safety and behaviour
- to enhance participants' confidence and self-image as parents
- to improve participants' coping skills as parents
- to effect positive change in the behaviour of parents in relation to their children's health, safety and behaviour

TABLE 13.1: OBJECTIVES

Indicators	Outcomes
<ul style="list-style-type: none"><li>● Section D on Form E interviews</li><li>● self-report on participant evaluation forms and in qualitative interviews</li></ul>	<ul style="list-style-type: none"><li>● data is not analyzed yet</li><li>● participants report attending the program to gain information (p 25), and positive changes in their parenting and behaviour in relation to their children (p 28 and p 29)</li></ul>



## 14.0 RECOMMENDATIONS

### FOR FUTURE PLANNING AND EVALUATION

- focus program recruitment on areas within the CAPC catchment area
- develop strategies to achieve a higher response rate on the demographic information form (e.g. try to complete the form with participants on an individual basis during the home visit which occurs prior to the course starting)
- ensure that data from the Form E interview on parenting outcomes is considered when examining any proposed changes to the program
- develop a protocol for training/supporting and supervising parent facilitators and the community co-ordinator





## 15.0 CONCLUSIONS

Based on the data collected from April 01 1994 - March 31 1997, Nobody's Perfect is serving its target population of parents 'at-risk' who reside in East Hamilton and Stoney Creek

Self-report qualitative data obtained from participants indicate that the program is successful in increasing their knowledge and understanding of their children's behaviour. These data also indicate that program participants are changing their behaviour in relation to their children's health, safety and behaviour

In addition to the knowledge the parents gain from the program, participants value the opportunity the program provides for peer support.

Participants value the program as a whole. Of those who completed session evaluation forms, 53% gave it the highest rating (Hats Off), and 47% gave it the second highest rating (Thumbs Up).

Through using a peer model, and hiring graduates of the program to co-facilitate the program, as well as hiring one graduate to act as Community Co-ordinator for Nobody's Perfect, program staff have learned to appreciate better the needs of the population, and have provided a successful role model for both program participants and other community agencies.



## 16.0 REFERENCES

Campaign 2000 Report Card 1997: Child Poverty in Canada

Henry, Terrance (1997). Risk & Capacity Profile Hamilton-Wentworth. A report prepared for the Hamilton Area Office of the Ministry of Community and Social Services





APPENDIX ONE  
PROGRAM DEVELOPMENT FORM



# Community Action Program for Children

## Appendix One: National Evaluation Program Development Form

Health Canada - protected when  
completed  
Aussi disponible en français

### Form "C"

### Activity Report at 6 Month Intervals

Cycle 5



Instructions for filling out this form can be found on the  
overleaf

In Form "C", PROJECT refers to the total intervention  
effort of your funded proposal. PROGRAM refers to  
those activities being undertaken to achieve particular  
objectives (e.g. improve parenting skills) with a  
particular group (e.g. primary caregivers). Some  
PROJECTS will have one PROGRAM. Other  
PROJECTS will have more than one PROGRAM.

The distinctive features of a PROGRAM are

- ❖ objectives - what it is supposed to accomplish
- ❖ target population - whom the program is supposed  
to serve

One PROGRAM is different from another PROGRAM  
when one or more of these features is different  
between PROGRAMS

THIS PROJECT IS IN THE FORM "E" SAMPLE

Project Number: 4927-06-93/0029 Language: E

Project Name: Community Action Program for Children  
(CAPC): Hamilton-We

Province: ONTARIO

FED Number: 0529 FED Name: Hamilton East

Reporting Period: April 1, 1997 to September 30, 1997

#### For the Regional Program Consultant:

Check here and sign below after check list points on the overleaf have been verified. ☐

This form was verified by:

Name

Date  day  month  year

Signature

Regional Program Consultant to verify:

Form ☐ of ☐ for this project.

Check here if the project is no longer operating. ☐

### Begin Here

Name of person completing Form "C":

Given Name

Family Name

Title of person completing Form "C"

Telephone number:

-  -

Area code

Fax number: (if applicable)

-  -

Area code

### How to complete this form

To answer the questions:

Mark a circle



Print in a box

3

OR Print on a line

CAPC



Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project"

Program Name: \_\_\_\_\_

Program Number:    

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months but has not been cancelled (e.g. seasonal on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day month year  
Go to C1

**C1.** The PROGRAM is no longer in operation because...

Mark ALL that apply

- 1 ☐ program completed (objectives met)
- 2 ☐ federal funding reductions
- 3 ☐ provincial/territorial funding reductions
- 4 ☐ other funding reductions
- 5 ☐ program moved to another sponsor
- 6 ☐ change in community needs
- 7 ☐ other (specify) \_\_\_\_\_

Go to  
next  
program

**C2.** Which of the following best describes the stage of development of this PROGRAM at the present time?

Mark ONE circle only

- 1 ☐ This PROGRAM is still at the conceptualization and planning stage: the objectives, target population and major activities have not yet been specified
- 2 ☐ Basic planning for this PROGRAM is complete: the objectives, target population and major activities have been specified; however, the operational aspects of the PROGRAM - who will do what, where, when, how - have not been specified.
- 3 ☐ Planning for the PROGRAM is complete and the operational aspects of the PROGRAM have been agreed upon; however, activities have not yet begun.
- 4 ☐ Planning for the PROGRAM is complete: the operational aspects of the PROGRAM have been agreed upon; the PROGRAM is actually running - individuals are participating; however, the PROGRAM is very much in the experimental stage.
- 5 ☐ The planning and operational aspects of the PROGRAM have been worked out: the PROGRAM is running and individuals are participating, however, the PROGRAM is not running at capacity and/or some issues need to be resolved about engaging participants, program content, etc.
- 6 ☐ The planning and operational aspects of the PROGRAM have been worked out: the PROGRAM is running at or near capacity and major issues such as engaging participants, PROGRAM content, etc have been resolved.

**C3.** Is this PROGRAM presently fully operational and running as planned?

- 7 ☐ Yes → Go to C5.
- 8 ☐ No

**C4.** When do you expect this PROGRAM to be fully operational and running as planned?

Mark ONE circle only

- 1 ☐ within 3 months of initial funding
- 2 ☐ within 3 to 6 months after initial funding is received
- 3 ☐ within 7 to 11 months after initial funding is received
- 4 ☐ 1 to 2 years after initial funding is received
- 5 ☐ more than 2 years after initial funding is received

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Number:

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months but has not been cancelled (e.g. seasonal or hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day  month  year  
Go to C1

**C5.** Which one of the following major categories would describe the main focus of this PROGRAM?

Mark ONE circle only.

- 21 ☐ child-focused PROGRAM (e.g. additional resources for existing child care services, toy lending libraries, opportunities for stimulation, socialization, skill development)
- 22 ☐ parent-focused PROGRAM (e.g. training and support groups for parents only, pre and post-natal programs)
- 23 ☐ family-focused PROGRAM (program in which both parent and child participate)
- 24 ☐ community development-focused PROGRAM (e.g. improving quality of life in the community by increasing community resources, improving safety, increasing neighbourhood cohesion)
- 25 ☐ service network-focused PROGRAM (e.g. to improve the integration/co-ordination of services, increase the availability, accessibility or quality of services)

**C6.** Does the PROGRAM follow a packaged outline?

(e.g. a manual, video, or other documentation such as "Nobody's Perfect")

1 ☐ yes → name of outline: \_\_\_\_\_

2 ☐ no

**C7.** From how many different sites (e.g. buildings, regular stops of mobile unit) is this PROGRAM delivered?

3 ☐ one

4 ☐ two

5 ☐ three

6 ☐ four or more

In the following questions, indicate all benefits expected, even if they are not the primary focus of the program (e.g. a child-focused program may also have benefits for the parents or community).

**C8.i** What are the benefits expected from this PROGRAM, for the CHILDREN affected?

Please check ALL that apply.

- 1 ☐ children are not directly affected by this PROGRAM
- 2 ☐ improved physical health
- 3 ☐ improved cognitive function, including language development and school readiness
- 4 ☐ improved social-emotional health including better interpersonal functioning, higher self-esteem and happiness
- 5 ☐ fewer risks to the child at birth such as prenatal complications, low birth weight or prolonged hospitalization
- 6 ☐ fewer risks to the child during infancy or later including injuries
- 7 ☐ other (specify) \_\_\_\_\_

For office use only.



Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number:

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program 

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Go to C1

**C8.ii** What are the benefits expected from this PROGRAM, for the PARENTS affected?

Please check ALL that apply.

- 01 ☐ parents are not directly affected by this PROGRAM
- 02 ☐ improved caretaking skills
- 03 ☐ higher levels of social support including opportunities for socialization
- 04 ☐ increased coping resources, including improved sense of well-being, self-esteem and sense of control
- 05 ☐ higher standard of living (e.g. increased income, improved housing, employment)
- 06 ☐ improved family functioning
- 07 ☐ other (specify) \_\_\_\_\_

For office use only.

**C8.iii** What are the benefits expected from this PROGRAM, for the NEIGHBOURHOODS OR COMMUNITIES affected?

Please check ALL that apply.

- 1 ☐ neighbourhoods or communities are not directly affected by this PROGRAM
- 2 ☐ higher levels of neighbourhood/community spirit
- 3 ☐ improved safety or security
- 4 ☐ more resources such as parks, playgrounds, recreational facilities, etc.
- 5 ☐ other (specify) \_\_\_\_\_

For office use only.

**C8.iv** What are the benefits expected from this PROGRAM, for the SERVICE DELIVERY NETWORK affected?

Please check ALL that apply.

Examples of "service delivery network":

- child protection agency
- tenants' association

- 01 ☐ the service delivery network is not directly affected by this PROGRAM
- 02 ☐ higher levels of integration, co-ordination
- 03 ☐ increased availability and accessibility of services
- 04 ☐ improved quality of service
- 05 ☐ other (specify) \_\_\_\_\_

For office use only.

**C9.** What ages are the children served by this PROGRAM?

Please check ALL that apply.

- 1 ☐ children are not served directly by this PROGRAM
- 2 ☐ before birth
- 3 ☐ birth to 11 months
- 4 ☐ 1 to 3 years
- 5 ☐ 4 to 5 years
- 6 ☐ 6 years and over

Program Name \_\_\_\_\_

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Number:  

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day  month  year  
Go to C1

**C10.** Whom does this PROGRAM target (i.e., priority population)?

Please check ALL that apply.

Women:

- 21 ☐ women expecting their first child
- 22 ☐ pregnant women

Parents:

- 23 ☐ parents who need training in child care management or supervision
- 24 ☐ parents with children 6 years and under

Families:

- 25 ☐ single parent families
- 26 ☐ families living in poverty
- 27 ☐ families referred by the existing service system as needing special help or support
- 28 ☐ families who are new or relatively new to Canada
- 29 ☐ off-reserve Aboriginal, Métis or Inuit families
- 30 ☐ families who are highly mobile or transient (e.g. farm labourers, etc.)

Children:

- 31 ☐ children who need supplemental care (e.g. day care, respite care)
- 32 ☐ children who need extra opportunities for learning, socialization or skill development
- 33 ☐ other (specify)

For office use only.

**C11.** What are the major activities of this PROGRAM?

Please check ALL that apply.

- 1 ☐ one-on-one sessions
- 2 ☐ discussion groups
- 3 ☐ formal classes
- 4 ☐ drop-in activities
- 5 ☐ home visits → Go to C12
- 6 ☐ mobile units
- 7 ☐ other (specify)
- Go to C13

<p>Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)</p> <p>Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".</p>	<p>Program Name: _____</p> <hr/> <p>Program Number: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> </p> <p>What is this program's status?</p> <p><input type="radio"/> Program has been active and operating for most or all of the past six months → Go to C2.</p> <p><input type="radio"/> Program was not operating for most or all of the past six months but has not been canceled (e.g. seasonal or hiatus until next session starts offered on demand) → Go to C2.</p> <p><input type="radio"/> Program is no longer in operation and is not expected to operate again → End date of program</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;"> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>day</span> <span>month</span> <span>year</span> </div> <div style="border: 1px solid black; width: 120px; height: 20px;"></div> </div> </div> <p style="text-align: right; font-size: 8px;">Go to C7</p>
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<p><b>C12.</b> Who visits the family home?</p> <p><i>Please check ALL that apply.</i></p>	<p><input type="radio"/> professional staff (professional nurse, social worker, physician, dietician, nutritionist, occupational or physical therapist, lactation consultant, midwife)</p> <p><input type="radio"/> para-professional staff (parent-aide, shelter worker, social services worker, project manager)</p> <p><input type="radio"/> trained volunteers (La Leche League mums, friendly visitors)</p> <p><input type="radio"/> untrained volunteers</p> <p><input type="radio"/> other (specify) _____</p>
<p><b>C13.</b> Over the last month, approximately how many different CHILDREN participated each week?</p> <p><i>Example of "different children":</i></p> <p>– if child participates in PROGRAM twice in one week, count child only once.</p>	<p><sup>999</sup> <input type="radio"/> PROGRAM is not for children</p> <p>or</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>children</div> </div> <p style="text-align: right; font-size: 8px;">(If none are participating yet, enter "000")</p>
<p><b>C14.</b> Over the last month, approximately how many different PARENTS OR CAREGIVERS participated each week?</p> <p><i>Example of "different parents or caregivers":</i></p> <p>– if parent or caregiver participates in PROGRAM twice in one week, count parent or caregiver only once.</p>	<p><sup>998</sup> <input type="radio"/> PROGRAM is not for parents or caregivers</p> <p>or</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>parents or caregivers</div> </div> <p style="text-align: right; font-size: 8px;">(If none are participating yet, enter "000")</p>
<p><b>C15.</b> How many hours in total is the PROGRAM offering services each week?</p>	<p><sup>999</sup> <input type="radio"/> not applicable given PROGRAM structure</p> <p>or</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>hours per week</div> </div> <p style="text-align: right; font-size: 8px;">(If program is not offering services yet, enter "000")</p>
<p><b>C16.</b> Over the last month, how many different sessions could a participant attend each week?</p>	<p><sup>98</sup> <input type="radio"/> not applicable given PROGRAM structure</p> <p>or</p> <p><sup>79</sup> <input type="radio"/> less than one session per week (e.g. one session per month)</p> <p>or</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>sessions per week</div> </div> <p style="text-align: right; font-size: 8px;">(If program is not operating yet, enter "00")</p>

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Number:

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months but has not been cancelled (e.g. seasonal or hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day  month  year  
Go to C1

**C17.** Over the last month, for how many hours would each participant be involved each week on average?  
(Round partial hours to the nearest full hours.)

36 ☐ not applicable given PROGRAM structure

or

37 ☐ less than one hour per week

or

hours per week (If program is not operating yet, enter "00")

**C18.** In the last 6 months, in how many weeks did the PROGRAM operate?

(Note: 26 weeks = 6 months)

weeks (If program is not operating yet, enter "00")

**C19.** Describe the setting or location where this PROGRAM takes place.

Please check ALL that apply.

- 31 ☐ space belonging to community agency or service provider (e.g. Children's Aid, children's mental health centre, YM/YWCA)
- 32 ☐ space belonging to government agency or department
- 33 ☐ space belonging to local service club (e.g. Lions, Rotary)
- 34 ☐ space belonging to local religious group (e.g. church, mosque, synagogue)
- 35 ☐ advocacy group (e.g. women's group, tenants' or neighbourhood / community association, welfare rights group)
- 36 ☐ space belonging to provincial/territorial organization or association
- 37 ☐ space belonging to national organization or association
- 38 ☐ in homes of participants, staff, or volunteers
- 39 ☐ in a mobile unit at various locations
- 40 ☐ other (specify) \_\_\_\_\_

**C20.** What is the current role of potential consumers or participants in DELIVERING the PROGRAM?

Please check ALL that apply.

(Note: If program is not yet operational, please indicate the planned role.)

- 1 ☐ a volunteer role for identifying and enlisting participants
- 2 ☐ a volunteer role in providing services
- 3 ☐ a paid staff role
- 4 ☐ no role in delivering the PROGRAM
- 5 ☐ other (specify) \_\_\_\_\_

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number: 

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What is this program's status?

- ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus until next session starts; offered on demand) → Go to C2.
- ☐ Program is no longer in operation and is not expected to operate again → End date of program 

--	--	--	--	--

 Go to C1

**C21.** What is the current role of potential consumers or participants in the MANAGEMENT of this PROGRAM?

Please check ALL that apply

(Note: If program is not yet operational, please indicate the planned role.)

- ☐ no role in the management of the program
- ☐ they have informal opportunities to express their views or opinions about the PROGRAM
- ☐ they have formal opportunities to express their views or opinions about the PROGRAM (e.g. through interviews, surveys, focus groups)
- ☐ they sit on working groups, planning committees or advisory committees that make recommendations about the PROGRAM to a management committee; however, they will not have control over decisions made about the PROGRAM
- ☐ they sit on a management or governing committee and vote or directly influence decisions about the PROGRAM
- ☐ they govern program development and implementation and make all key decisions about the PROGRAM
- ☐ other (specify) \_\_\_\_\_

**C22.** List the names of the agencies, organizations or groups actively involved in either the delivery or the management of this PROGRAM.

Please check and list ALL that apply.

- ☐ community agency and service provider (e.g. Children's Aid, children's mental health centres, YM/YWCA)
- \_\_\_\_\_
- ☐ government agency or department (excluding CAPC)
- \_\_\_\_\_
- ☐ local service club (e.g. Lions, Rotary)
- \_\_\_\_\_
- ☐ local religious group (e.g. church, mosque, synagogue)
- \_\_\_\_\_
- ☐ advocacy group (e.g. women's group, tenants' or neighbourhood association, welfare rights or poverty group)
- \_\_\_\_\_
- ☐ individual residents from the neighbourhood
- \_\_\_\_\_
- ☐ provincial/territorial organization or association
- \_\_\_\_\_
- ☐ national organization or association
- \_\_\_\_\_
- ☐ other (specify)
- \_\_\_\_\_



Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number:

What is this program's status?

- ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal on hiatus until next session starts; offered on demand) → Go to C2.
- ☐ Program is no longer in operation and is not expected to operate again → End date of program:  day  month  year  
Go to C1

**C24.** What is learned from a PROGRAM may be more important than what was done. List below the new ideas or lessons learned during the last 6 months that will influence some aspect of this PROGRAM. (e.g. If we had to do it over again, what would we change? OR If a group setting up a similar program asked for advice, what would we tell them?)

☐ Ideas/lessons on Development:

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☐ Ideas/lessons on Objectives:

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☐ Ideas/lessons on Management:

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☐ Ideas/lessons on Activities:

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☐ Ideas/lessons on Other aspects:

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**C24.** Lessons learned can provide opportunities for making PROGRAM changes that will increase a PROGRAM'S chance for success. List the changes you have made to the PROGRAM in the last 6 months based on your experiences.

☐ Changes in Objectives:

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☐ Changes in Management:

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☐ Changes in Activities:

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☐ Changes in Other aspects:

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**C25.** Have the objectives of this PROGRAM changed from the original funded objectives?

☐ Yes → If yes, describe the changes:

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☐ No





APPENDIX TWO  
DEMOGRAPHIC INFORMATION FORM



## Appendix Two: Demographic Information Form

### The Community Action Program For Children (CAPC) of Hamilton-Wentworth

Dear Parent:

Welcome to one of our Community Action Program for Children (CAPC) programs. We need to ask you a few questions about your family so that we can let the people who pay for the programs know who CAPC is serving. Your say will help them decide if CAPC programs will get more funding after June 1997. Your comments are very important to us!

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Program name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please circle the phrase that best describes your family:

- 1     single parent family
- 2     two parent family
- 3     several relatives living together

Parent 1 (Female): date of birth

\_\_\_\_\_  
month           day           year

Parent 2 (Male): date of birth:

\_\_\_\_\_  
month           day           year

Name(s) of child(ren)  
(first, last)

Date of Birth

_____	Male	Female	_____
_____	Male	Female	_____
_____	Male	Female	_____
_____	Male	Female	_____
_____	Male	Female	_____

Please circle the language(s) spoken most often at home:

- 1     English
- 2     French
- 3     Other (please name): \_\_\_\_\_

Please circle your average yearly household income (before taxes):

- 1     less than \$5 000
- 2     \$5 000 TO \$9 999
- 3     \$10 000 TO \$14 999
- 4     \$15 000 TO \$19 999
- 5     \$20 000 TO \$29 999
- 6     \$30 000 TO \$39 999
- 7     \$40 000 TO \$49 999
- 8     \$50 000 TO \$59 999
- 9     \$60 000 or more

Please circle your education history:

Parent 1 (Female)	Parent 2 (Male)	
1	1	no formal schooling
2	2	some elementary
3	3	completed elementary
4	4	some secondary
5	5	completed secondary
6	6	some community or technical college
7	7	completed community or technical college
8	8	some university
9	9	completed university or teacher's college

Please circle your current type of employment outside of the home (are you working?):

Parent 1 (Female)	Parent 2 (Male)	
1	1	full-time
2	2	part-time
3	3	not working outside the home



Why do you come to this program?

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To find out the effect of the CAPC program on your family, we would like to interview 50 people now and again in one year. The interview will take about one hour and can be done at your home or at the program. All information will be kept confidential (secret). You will get \$20 for your time. Would you like to take part in the CAPC follow-up study?

Yes          No

If yes, please give us your current address and telephone number:

Address:      

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---

---

Telephone Number:      

---

If no, please tell us why:

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Thank you very much for your help!

APPENDIX THREE  
WRITTEN PARTICIPANT EVALUATION FORM



**Appendix Three:  
Written Participant Evaluation Form**

Oct. 6/94

PROGRAM TITLE: \_\_\_\_\_

DATES: \_\_\_\_\_

FACILITATOR(S)/WORKER(S): \_\_\_\_\_

Filled Out by: (Please fill out one form per family) \_\_\_\_\_

Please circle responses:

1. What did you find most helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What did you find least helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are you doing differently because of the program (list 2 or 3 things):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you think this program has helped you with parenting?

Yes \_\_\_\_\_

No \_\_\_\_\_

How:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Would you recommend to a friend to come to this program?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. What would you change for the next group? (Check all that apply).

- \_\_\_\_ Location, because it is hard to get to.  
\_\_\_\_ Location, because the physical setting is uncomfortable  
\_\_\_\_ I don't like the building in which the program was held  
\_\_\_\_ Time of the program (If checked, please suggest another) \_\_\_\_\_  
\_\_\_\_ Anything else (please list) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Overall, I would rate this program:



Hats Off



Thumbs Up



So So



Thumbs Down



Blah



APPENDIX FOUR  
WRITTEN SERVICE PROVIDER FORM





# Appendix Four: Written Service Provider Evaluation Form

Form #1

Oct. 3/94

## ON-GOING PROCESS EVALUATION OF GROUP PROGRAMS

*To be completed by group facilitators with input from participants:*

Program: \_\_\_\_\_

Session #: \_\_\_\_\_

Group Facilitator(s): \_\_\_\_\_

Date: \_\_\_\_\_

Overall program objective(s):

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Topic of session:

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Anticipated Aim(s)/Objective(s) of session (should be fairly specific):

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Activities of the session:

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Other issues raised/discussed by participants:

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Please Turn Over

Evaluation of session (by facilitators):

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Recommendations for future sessions on this topic (by participants):

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Recommendations for future sessions on this topic (by facilitators):

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APPENDIX FIVE  
ATTENDANCE FORM



PROGRAM: \_\_\_\_\_

ACILITATOR(s): \_\_\_\_\_

Number of Participants Enrolled:

[illegible]

Key: Yes: ✓ No: Reason for not attending if known, write unknown if unknown





APPENDIX SIX  
QUESTIONS FOR THE QUALITATIVE INTERVIEWS



## **Appendix Six**

### **Hamilton-Wentworth Community Action Program for Children (CAPC) Questions for the Local Qualitative Interviews with Program Participants**

#### **A) Expectations of the Program**

- 1) How did you find out about CAPC (referral source)
- 2) How soon after you found out about CAPC did you decide to come to its program(s)?
- 3) How did you feel about coming to CAPC? (what do you mean?) Has that feeling changed? Why do you think so?
- 4) Which CAPC program(s) are you involved in? How much do you know about the other CAPC programs?
- 5) What were you hoping CAPC would offer you?
- 6) What changes in your did you think you could make from being involved with CAPC?

#### **B) Why Participants Attend**

- 1) What is it about CAPC that keeps you coming?
- 2) What gets in the way of your coming to CAPC? (barriers)
- 3) If you don't come to a CAPC session, do you miss it? Please explain.
- 4) What would you say is the most important reason for being involved with CAPC? The least important reason?

#### **C) Program Recruitment**

- 1) Are there people you know who could use CAPC? Why or Why not? (If "no", go to section D).
- 2) Have you recommended CAPC to other people? What did you tell them? How interested were they? Why do you think they were interested/not interested?
- 3) How would you suggest we encourage people to become involved in CAPC?

## D) Affects of the Program on Participants' Lives

Now I'd like to ask you some questions which are more personal. These questions are being asked to find out how CAPC has affected your lifestyle, or your relationships, etc...

So I might get a better idea of how you fit CAPC into your life, I thought we might begin this session by drawing an "ECO" map.. Let me show you what I mean... (and interviewer draws own eco map by way of example)

(person starts with symbol for self, then adds symbols for family, significant others, agencies, schools, work, programs, etc., etc., joining the symbols with solid or broken lines representing strength of the relationship. Interviewer assists by advising: first you place yourself somewhere on the page...now you add the person(s) closest to you (who is that?) now, what about your children/partner, where would you place them? what other people are in your life ... getting finally to CAPC).

(keep the map, with permission and have the person code the systems within it for you)

- 1) What sorts of stresses do you have in your life? How do these stresses affect you?
- 2) Is CAPC helping you to deal with these stresses? If yes, How? If no, what do you mean?
- 3) What are you doing more of as a result of your involvement with CAPC?
- 4) What are you less of as a result of your involvement with CAPC?
- 5) From your experience with CAPC, have you learned to do things differently? If yes, what happens in your life when you do things differently? If no, please explain.
- 6) Looking ahead for yourself, what would like for yourself? (where would you like to be? what would you like to do?) What do you think you need to do to prepare for this? (where would you go for advice about your \_\_\_\_\_, how would you start? Then what would you do?) What else needs to be in place?

## E) Community Resources

The next few questions have to do with other services in your community which you may, or may not have used.

- 1) What resources or services in your community did or might have assisted you before and during pregnancy? Please explain.
- 2) What resources of services in your community are you familiar with related to parenting?

- 3) Have any of these services assisted you with your parenting? Please explain. Please describe them.
- 4) What other resources or services in your community could assist you with parenting?
- 5) What other community services would you like to have?

#### **F) Participant Feedback About the Program**

- 1) If you have been involved with other community services, how was CAPC different?
- 2) Are the staff from CAPC different from other professionals you've had experience with? If so, How?
- 3) What changes would you like to see in CAPC?
- 4) Were you given the opportunity to share your ideas, opinions and concerns in a way that made you feel comfortable and was helpful to you? To others in the program? Please explain.
- 5) Do you feel you have input into CAPC? What do you mean?
- 6) What future role to you see yourself having in CAPC?

#### **G) Effects of the Current Political Climate on the Participant**

The last few questions are government and its affects on people like yourself. May I ask you your opinion?

- 1) How do you think you could have influence on the government at the following levels: local, provincial, federal.
- 2) Have you ever contacted your local representative of the government? If so, what happened?
- 3) If you could talk to a politician responsible for the cuts what would say to tell them about the effects of the cuts on you and your child(ren)/partner?
- 4) Is CAPC helping you deal with the cutbacks from the provincial government? If yes, how? If no, how do you think CAPC could help with the cutbacks?
- 5) Given the changes being made by the provincial government, what do you think CAPC should be focusing on?



## CLOSING

Is there anything else, at all, you would like to add. THANK YOU.

APPENDIX SEVEN  
LONG TERM FOLLOW-UP QUANTITATIVE INTERVIEW  
Form E



# Community Action Program for Children

Health Canada - protected when completed

Aussi disponible en français

## Appendix *Seven*

### National Evaluation Long Term Follow-Up Quantitative Interview

Form "E"

PROGRAM PARTICIPANTS

#### INTRODUCTION (to be read to respondent)

Hello, I'm ...(your name)... of (name of organization).

Not long ago, you or a member of your family registered in a program sponsored by Health Canada's Community Action Program for Children (CAPC). With the program staff you completed a questionnaire by which you assisted in the evaluation of the services of the program.

Your household has been randomly selected to participate in a follow-up interview. The information collected during this interview will be used by Health Canada and the program staff to assess

whether CAPC programs are helping parents and children in the ways that they were intended.

While your participation is voluntary, your help is important. Your answers will be used in the evaluation of CAPC by Health Canada or for consistent uses such as other studies of community services. Results will be presented only as statistical aggregates; names and addresses of participants will never be connected with the results of the study.

Project Number 4927-06-93/0029

Language E

Project Name Community Action Program for Children  
(CAPC): Hamilton-We

Province ONTARIO

FED Number 0529 FED Name Hamilton East

Program Number	<input type="text"/>	Sequential Family Number	<input type="text"/>
Program Name	<input type="text"/>		<input type="text"/>

Date	Time	Notes	Final Status of Interview
			1 <input type="radio"/> fully completed
			2 <input type="radio"/> partially completed
			3 <input type="radio"/> refusal by participant or primary caregiver
			4 <input type="radio"/> refusal by other household member
			5 <input type="radio"/> unable to trace
			6 <input type="radio"/> unable to contact
			7 <input type="radio"/> death
			8 <input type="radio"/> duplicate
			9 <input type="radio"/> other non-response (specify) _____

## Start interview here ▼

Day Month Year	Hour Min	Language of questionnaire
Date of interview: <input type="text"/>	Time start: <input type="text"/> (24 hour clock)	1 <input checked="" type="radio"/> English

Verify the following information with the respondent.

Name of program participant (first name only) from Form D, item 1	
Name of primary caregiver (first name only) from Form D, item 3	OR 1 <input type="radio"/> participant is 12 years or older
Name of randomly selected child of the participant	OR 2 <input type="radio"/> participant has no children

**SECTION A: Background**

**A1.** INTERVIEWER: Ask the primary caregiver (or participant if 12 years or over) the following questions. These first few questions are about your background and current circumstances. In what country were you born? (Do not read list. Mark one only)

- |                                     |  |
|-------------------------------------|--|
| 01 <input type="radio"/> Canada     | 13 <input type="radio"/> Jamaica               |
| 02 <input type="radio"/> Bangladesh | 14 <input type="radio"/> Netherlands           |
| 03 <input type="radio"/> China      | 15 <input type="radio"/> Philippines           |
| 04 <input type="radio"/> France     | 16 <input type="radio"/> Poland                |
| 05 <input type="radio"/> Germany    | 17 <input type="radio"/> Portugal              |
| 06 <input type="radio"/> Greece     | 18 <input type="radio"/> Russia                |
| 07 <input type="radio"/> Guyana     | 19 <input type="radio"/> Somalia               |
| 08 <input type="radio"/> Hong Kong  | 20 <input type="radio"/> Sri Lanka             |
| 09 <input type="radio"/> Hungary    | 21 <input type="radio"/> United Kingdom        |
| 10 <input type="radio"/> India      | 22 <input type="radio"/> United States         |
| 11 <input type="radio"/> Iran       | 23 <input type="radio"/> Vietnam               |
| 12 <input type="radio"/> Italy      | 24 <input type="radio"/> Other (specify) _____ |

**A2.** To which ethnic or cultural group(s) did your ancestors belong? (For example: French, English, Chinese, etc.) (Do not read list. Mark all that apply.)

- |  |  |
|--|--|
| 01 <input type="radio"/> Canadian            | 10 <input type="radio"/> Chinese               |
| 02 <input type="radio"/> French              | 11 <input type="radio"/> Jewish                |
| 03 <input type="radio"/> English             | 12 <input type="radio"/> Polish                |
| 04 <input type="radio"/> German              | 13 <input type="radio"/> Portuguese            |
| 05 <input type="radio"/> Scottish            | 14 <input type="radio"/> South Asian           |
| 06 <input type="radio"/> Irish               | 15 <input type="radio"/> Black                 |
| 07 <input type="radio"/> Italian             | 16 <input type="radio"/> North American Indian |
| 08 <input type="radio"/> Ukrainian           | 17 <input type="radio"/> Métis                 |
| 09 <input type="radio"/> Dutch (Netherlands) | 18 <input type="radio"/> Inuit/Eskimo          |
|  | 19 <input type="radio"/> Other (specify) _____ |

**A3.** In which language(s) can you conduct a conversation? (Do not read list. Mark all that apply.)

- |  |   |
|--|---|
| 01 <input type="radio"/> English         | 14 <input type="radio"/> Spanish                        |
| 02 <input type="radio"/> French          | 15 <input type="radio"/> Tagalog (Filipino)             |
| 03 <input type="radio"/> Arabic          | 16 <input type="radio"/> Ukrainian                      |
| 04 <input type="radio"/> Chinese         | 17 <input type="radio"/> Vietnamese                     |
| 05 <input type="radio"/> German          |   |
| 06 <input type="radio"/> Greek           | <b>Aboriginal languages</b>                             |
| 07 <input type="radio"/> Hungarian       | 18 <input type="radio"/> Cree                           |
| 08 <input type="radio"/> Italian         | 19 <input type="radio"/> Ojibway                        |
| 09 <input type="radio"/> Korean          | 20 <input type="radio"/> Athapaskan (Dene)              |
| 10 <input type="radio"/> Persian (Farsi) |   |
| 11 <input type="radio"/> Polish          | 21 <input type="radio"/> Other language (specify) _____ |
| 12 <input type="radio"/> Portuguese      |   |
| 13 <input type="radio"/> Punjabi         |   |

**A4.** What is your date of birth?

Day Month Year

--	--	--	--	--	--	--	--	--	--

99 ☐ Ref

**A5.** INTERVIEWER: record gender of respondent

- 1 ☐ male  
2 ☐ female

**A6.** What is your current marital status?

- 21 ☐ now married  
22 ☐ common law  
23 ☐ living with a partner  
24 ☐ single (never married)  
25 ☐ widowed  
26 ☐ separated  
27 ☐ divorced  
28 ☐ Ref

**A7.** Excluding kindergarten, how many years of elementary and high school have you successfully completed? (Do not read list. Mark one only.)

- 21 ☐ No schooling → Go to Question A11  
22 ☐ one to five years  
23 ☐ six  
24 ☐ seven  
25 ☐ eight  
26 ☐ nine  
27 ☐ ten  
28 ☐ eleven  
29 ☐ twelve  
30 ☐ thirteen

**A8.** Have you graduated from high school?

- 1 ☐ yes  
2 ☐ no

**A9.** Have you ever attended any other kind of school such as university, community college, business school, trade or vocational school, Cégep or other post-secondary institution?

- 3 ☐ yes  
4 ☐ no → Go to Question A11

**A10.** What is the highest level of education that you have attained? (Do not read list. Mark one only.)

- 01 ☐ some trade, technical, vocational school or business college  
02 ☐ some community college, Cégep or nursing school  
03 ☐ some university  
04 ☐ diploma or certificate from trade, technical or vocational school, or business college  
05 ☐ diploma or certificate from community college, Cégep or nursing school  
06 ☐ bachelor's or undergraduate degree or teacher's college (e.g., B.A., B.Sc., LL.B.)  
07 ☐ master's degree (e.g., M.A., M.Sc., M.Ed.)  
08 ☐ degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)  
09 ☐ earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)  
10 ☐ other (specify) \_\_\_\_\_

**A11.** What do you consider to be your current main activity? For example, working for pay or profit, caring for family. (Do not read list. Mark one only.)

- 1 ☐ caring for family  
2 ☐ working for pay or profit  
3 ☐ caring for family and working for pay or profit  
4 ☐ going to school  
5 ☐ recovering from illness/on disability  
6 ☐ looking for work  
7 ☐ retired  
8 ☐ other

**A12.** Have you worked for pay or profit at any time in the past 12 months?

- <sup>1</sup> ☐ yes  
<sup>2</sup> ☐ no

**A13.** Please look at your response booklet on page 1. What was the total income of your household over the past 12 months? Just tell me the letter.

- <sup>3</sup> ☐ no income  
A) <sup>02</sup> ☐ \$ 1 to 4 999  
B) <sup>03</sup> ☐ \$ 5 000 to \$ 9 999  
C) <sup>04</sup> ☐ \$10 000 to \$14 999  
D) <sup>05</sup> ☐ \$15 000 to \$19 999  
E) <sup>06</sup> ☐ \$20 000 to \$29 999  
F) <sup>07</sup> ☐ \$30 000 to \$39 999  
G) <sup>08</sup> ☐ \$40 000 to \$49 999  
H) <sup>09</sup> ☐ \$50 000 to \$59 999  
I) <sup>10</sup> ☐ \$60 000 to \$79 999  
J) <sup>11</sup> ☐ \$80 000 or more  
<sup>12</sup> ☐ DK  
<sup>13</sup> ☐ Ref

### SECTION B: CAPC Program

**B1.** These questions are about your experiences in (name of CAPC Program from front page of this form). First of all, how did you hear about (name of program)? (Do not read list. Mark all that apply.)

- <sup>1</sup> ☐ advertisement  
<sup>2</sup> ☐ friend or neighbour  
<sup>3</sup> ☐ program participant  
<sup>4</sup> ☐ doctor  
<sup>5</sup> ☐ public health nurse  
<sup>6</sup> ☐ child protection worker  
<sup>7</sup> ☐ other service provider  
<sup>8</sup> ☐ in some other way (specify) \_\_\_\_\_  
<sup>9</sup> ☐ don't remember

**B2.** About how many times did you or (name of child participant) attend the program in the last week? Would you say...

- <sup>01</sup> ☐ not at all  
<sup>02</sup> ☐ 1 or 2 times  
<sup>03</sup> ☐ 3 or 4 times  
<sup>04</sup> ☐ 5 or more times  
<sup>05</sup> ☐ DK  
<sup>06</sup> ☐ Ref

**B3.** Do you have any say in how the program runs?

- <sup>1</sup> ☐ Yes → Go to Question B4  
<sup>2</sup> ☐ No  
<sup>3</sup> ☐ Ref → Go to Question B5

**B4.** In what way do you have a say in how the program runs? (Do not read list. Mark all that apply.)

- <sup>4</sup> ☐ I sit on a committee that runs the program  
<sup>5</sup> ☐ I sit on a committee that gives advice about how the program should be run  
<sup>6</sup> ☐ I offer suggestions  
<sup>7</sup> ☐ Something else  
<sup>8</sup> ☐ Ref

**B5.** Do you help run the program in any way? (i.e. participates in provision of day-to-day services)

- <sup>1</sup> ☐ yes → Go to Question B6  
<sup>2</sup> ☐ no  
<sup>3</sup> ☐ Ref → Go to Question B7

**B6.** Do you volunteer or are you paid to help with the program? (Do not read list. Mark all that apply.)

- <sup>31</sup> ☐ I volunteer in the program  
<sup>32</sup> ☐ I am paid to help with the program  
<sup>33</sup> ☐ Ref

**B7.** How helpful has the program been to you? Would you say...

- <sup>1</sup> ☐ very helpful  
<sup>2</sup> ☐ somewhat helpful  
<sup>3</sup> ☐ not very helpful  
<sup>4</sup> ☐ not helpful at all  
<sup>5</sup> ☐ DK  
<sup>6</sup> ☐ Ref

### SECTION C: Neighbourhood or Community

**C1.** This section asks questions about your neighbourhood or community. These questions are important to help us understand the effects of different places on children. How long have you lived at this address?

years (Enter 00 if less than 1 year)

- <sup>38</sup> ☐ DK  
<sup>39</sup> ☐ Ref

**C2.** How do you feel about your neighbourhood as a place to bring up children? Is it...

- <sup>01</sup> ☐ excellent  
<sup>02</sup> ☐ good  
<sup>03</sup> ☐ average  
<sup>04</sup> ☐ poor  
<sup>05</sup> ☐ very poor  
<sup>06</sup> ☐ DK  
<sup>07</sup> ☐ Ref

**C3.** Do you do any volunteer work with any local organizations such as school groups, church or other religious groups, community agencies or ethnic organizations?

- <sup>1</sup> ☐ yes → Go to Question C4  
<sup>2</sup> ☐ no  
<sup>3</sup> ☐ DK → Go to Question C5  
<sup>4</sup> ☐ Ref

**C4.** What type of organization is it? (Do not read list. Mark all that apply)

- <sup>01</sup> ☐ community agency or service provider (e.g. Children's Aid, children's mental health centres, YM/YWCA)  
<sup>02</sup> ☐ hospital or health care provider (e.g. VON, Red Cross, community health centre or CLSC)  
<sup>03</sup> ☐ government agency or department (e.g. probation office, welfare office, tourist information centre)  
<sup>04</sup> ☐ local service club (e.g. Lions, Rotary, Kinettes, Optimists)  
<sup>05</sup> ☐ local religious group (e.g. church, mosque, synagogue)  
<sup>06</sup> ☐ sports or recreational organization (e.g. coaching, refereeing)  
<sup>07</sup> ☐ child or youth organization (e.g. Girl Guides, Scouts, Boys' and Girls' Club, Big Brothers or Big Sisters)  
<sup>08</sup> ☐ school or child care centre (e.g. classroom volunteer, PTA)  
<sup>09</sup> ☐ advocacy group (e.g. women's group, tenants' or neighbourhood association, welfare rights group)  
<sup>10</sup> ☐ ethnic or cultural organization (e.g. immigrant services, multicultural centre)  
<sup>11</sup> ☐ other (specify) \_\_\_\_\_



**C5.** INTERVIEWER : show respondent page 2 of response booklet Next are statements that describe feelings a person can have about living in a neighbourhood. Please tell me whether you strongly agree, agree, disagree or strongly disagree with these statements about your feelings.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) I feel like I belong in this neighbourhood	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) I like to think of myself as similar to the people who live in the neighbourhood.	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) I feel I am important to this neighbourhood	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>

**C6.** Please tell me whether you strongly agree, agree, disagree, or strongly disagree with these statements about your neighbourhood.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) It is safe to walk alone in this neighbourhood after dark	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
b) It is safe for children to play outside during the day	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
c) There are good parks, playgrounds and play spaces in this neighbourhood	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

**C7.** The following statements are about people in neighbourhoods. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements when thinking of your neighbours.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) If there is a problem around here, the neighbours get together to deal with it	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) There are adults in the neighbourhood that children can look up to	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) People around here are willing to help their neighbours	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) You can count on adults in this neighbourhood to watch out that children are safe and don't get in trouble	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

**C8.** The following are problems that arise in neighbourhoods. Would you say the following are a big problem, somewhat of a problem, or no problem in this neighbourhood.

	big problem	somewhat of a problem	no problem	DK	Ref
a) Litter, broken glass or garbage in the street or road, on the sidewalk, or on yards?	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
b) Selling or using drugs?	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
c) Alcoholics and excessive drinking in public?	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
d) Groups of young people who cause trouble?	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
e) Burglary of homes and apartments?	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
f) Unrest due to ethnic or religious differences?	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>

**C9.** The following are statements about relationships and the support which you may get from others. For each of the following, please tell me whether you strongly agree, agree, disagree or strongly disagree.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) If something went wrong, no one would help me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) I have family and friends who help me feel safe, secure and happy	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) There is someone I trust whom I could turn to for advice if I were having problems	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) There is no one I feel comfortable talking about problems with	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) I lack a feeling of closeness with another person	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) There are people I can count on in an emergency	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

**C10.** The next few questions are about services for families in your community. I am going to read a list of services and programs. Please tell me if each one is available in your community.

	yes	no	DK	Ref
a) emergency health care services (e.g., hospital, walk-in medical clinic)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) child day-care services (other than those provided by the CAPC program)	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) services for children with emotional or behavioural problems	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) library services	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) recreational services and programs for children	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) drop-in or recreational services for parents	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) health clinics such as mobile clinics, breast feeding clinics, etc.	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

**C11.** Was there ever a time in the past six months when you wanted help for a physical, social or emotional problem for yourself (or your child(ren)) but didn't get it?

- 1 ☐ yes → Go to Question C12  
 2 ☐ no  
 3 ☐ DK → Go to Question C14  
 4 ☐ Ref

**C12.** From what type of person or service provider did you want help? (Do not read list. Mark all that apply)

- 01 ☐ friend or family member  
 02 ☐ medical doctor  
 03 ☐ nurse  
 04 ☐ midwife  
 05 ☐ dentist  
 06 ☐ pharmacist or druggist  
 07 ☐ psychologist, social worker or other counsellor  
 08 ☐ children's Aid Society/child protection worker  
 09 ☐ children's mental health centre worker  
 10 ☐ school or child care staff  
 11 ☐ elder  
 12 ☐ traditional health worker  
 13 ☐ someone else

**C13.** Why didn't you get the help?  
(Do not read list. Mark all that apply.)

- 14 ☐ too expensive  
 15 ☐ didn't know whom to see, where to go or whom to call  
 16 ☐ too far away or transportation problem  
 17 ☐ couldn't get an appointment/takes too long/long waiting list  
 18 ☐ language problem  
 19 ☐ too embarrassed to go  
 20 ☐ no one seemed to care  
 21 ☐ past contacts were not helpful  
 22 ☐ too busy  
 23 ☐ help probably wouldn't do any good  
 24 ☐ something else (please describe) \_\_\_\_\_

**C14.** In general, do you think your community has enough services for families? Would you say...

- 1 ☐ yes, definitely  
 2 ☐ yes, I think so  
 3 ☐ no, I don't think so  
 4 ☐ no, definitely not  
 5 ☐ DK  
 6 ☐ Ref

**C15.** In general, how satisfied are you with the quality of services available in this community? Would you say...

- 01 ☐ very satisfied  
 02 ☐ satisfied  
 03 ☐ dissatisfied  
 04 ☐ very dissatisfied  
 05 ☐ DK  
 06 ☐ Ref

**C16.** How much of a say do you have in how the services and programs in your community are run? Would you say...

- 1 ☐ a great deal  
 2 ☐ some  
 3 ☐ very little  
 4 ☐ none at all  
 5 ☐ DK  
 6 ☐ Ref

**C17.** Do you think that it's important for people to have a say in how services and programs in their community are run? Would you say...

- 01 ☐ yes, definitely  
 02 ☐ yes, I think so  
 03 ☐ no, I don't think so  
 04 ☐ no, definitely not  
 05 ☐ DK  
 06 ☐ Ref

**SECTION D. Health and Development****D1. INTERVIEWER :**

If the respondent is childless → 1 ☐ Go to Question F1

otherwise → 2 ☐ Go to Question D2

**D2.** The next questions are about (name of child participant or randomly selected child) (see name on front cover)  
What is (name of child participant)'s birthdate?

Day Month Year

(If child is 0 to 4 years of age insert number of months old) 3   month(s)  
or

(If child is over 4 years of age, insert number of years old.) 4   years old

**D3.** Is (name of child participant) a boy or a girl?

5 ☐ boy

6 ☐ girl

**D4.** What is your relationship to (name of child participant)? (Mark one only)

01 ☐ birth parent

02 ☐ step parent (include common-law parent)

03 ☐ adoptive parent

04 ☐ foster parent

05 ☐ sister/brother

06 ☐ grandparent

07 ☐ in-law

08 ☐ other related/extended family member

09 ☐ unrelated

**D5.** In general, would you say (name of child participant)'s health is...

1 ☐ excellent

2 ☐ very good

3 ☐ good

4 ☐ fair

5 ☐ poor

6 ☐ DK

7 ☐ Ref

**D6.** What is (name of child participant)'s height?

1    centimetres

or

2   feet 3   inches

or

4 ☐ DK

5 ☐ Ref

**D7.** What is (name of child participant)'s weight?

1    kilograms

or

3    pounds

4 ☐ DK

5 ☐ Ref

**D8.\* INTERVIEWER :**

If (name of child participant) is less than 6 years old → 1 ☐ Go to Question D8A

otherwise → 2 ☐ Go to Question D8B

**D8A.** In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more. Does (name of child participant) have any of the following long-term conditions that have been diagnosed by a health professional?

- |                                   | yes                      | no                       |
|-----------------------------------|--------------------------|--------------------------|
| a) Allergies?                     | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b) Bronchitis?                    | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c) Heart condition or disease?    | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d) Epilepsy?                      | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e) Cerebral palsy?                | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f) Kidney condition or disease?   | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g) Mental handicap?               | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h) Any other long term condition? | 15 <input type="radio"/> | 16 <input type="radio"/> |

Go to Question D8C

**D8B.** In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more. Does (name of child participant) have any of the following long-term conditions that have been diagnosed by a health professional?

- |  | yes                      | no                       |
|--|--------------------------|--------------------------|
| a) Allergies?  | 17 <input type="radio"/> | 18 <input type="radio"/> |
| b) Bronchitis?                                       | 19 <input type="radio"/> | 20 <input type="radio"/> |
| c) Heart condition or disease?                       | 21 <input type="radio"/> | 22 <input type="radio"/> |
| d) Epilepsy?   | 23 <input type="radio"/> | 24 <input type="radio"/> |
| e) Cerebral palsy?                                   | 25 <input type="radio"/> | 26 <input type="radio"/> |
| f) Kidney condition or disease?                      | 27 <input type="radio"/> | 28 <input type="radio"/> |
| g) Mental handicap?                                  | 29 <input type="radio"/> | 30 <input type="radio"/> |
| h) Learning disability?                              | 31 <input type="radio"/> | 32 <input type="radio"/> |
| i) Emotional, psychological or nervous difficulties? | 33 <input type="radio"/> | 34 <input type="radio"/> |
| j) Any other long term condition?                    | 35 <input type="radio"/> | 36 <input type="radio"/> |

**D8C.** Does (name of child participant) have any long term conditions or health problems which prevent or limit his/her participation in school, at play, or in any other activity for a child of his/her age?

1 ☐ yes

2 ☐ no

3 ☐ DK

4 ☐ Ref

**D9.** The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months and were serious enough to require medical attention by a doctor, nurse or dentist. In the past 12 months was (name of child participant) injured?

5 ☐ yes → Go to Question D10

6 ☐ no

7 ☐ DK → Go to Question D12

8 ☐ Ref

**D10.** How many times was (he/she) injured?

times

38 ☐ DK

39 ☐ Ref

**D11.** For the most serious injury, what type of injury did (name of child participant) have? (Do not read list. Mark one only)

- 01 ☐ broken or fractured bones
- 02 ☐ burn or scald
- 03 ☐ dislocation
- 04 ☐ sprain or strain
- 05 ☐ cut, scrape or bruise
- 06 ☐ concussion
- 07 ☐ poisoning by substance or liquid
- 08 ☐ internal injury
- 09 ☐ dental injury
- 10 ☐ other
- 11 ☐ multiple injuries
- 12 ☐ DK
- 13 ☐ Ref

**D18.** Has he/she ever smiled at someone when that person talked to or smiled at (but did not touch) him/her?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D19.** When lying on his/her stomach, has (name of child participant) ever raised his/her head and chest from the surface while resting his/her weight on his/her lower arms or hands?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D12.** INTERVIEWER : Check child's age from question D2.

- If the child is 4 years or more → 1 ☐ Go to Question D69
- otherwise → 2 ☐ Go to Question D13

**D13.** The following questions are about (name of child participant)'s motor and social development.

- If age is 0 to 3 months → 01 ☐ Go to Question D14
- If age is 4 to 6 months → 02 ☐ Go to Question D21
- If age is 7 to 9 months → 03 ☐ Go to Question D25
- If age is 10 to 12 months → 04 ☐ Go to Question D32
- If age is 13 to 15 months → 05 ☐ Go to Question D36
- If age is 16 to 18 months → 06 ☐ Go to Question D41
- If age is 19 to 21 months → 07 ☐ Go to Question D45
- If age is 22 to 47 months → 08 ☐ Go to Question D51

**D14.** When lying on his/her stomach, has (name of child participant) ever turned his/her head from side to side?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D15.** Have his/her eyes ever followed a moving object?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D16.** When lying on his/her stomach on a flat surface, has he/she ever lifted his/her head off the surface for a moment?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D17.** Have his/her eyes ever followed a moving object all the way from one side to the other?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D20.** Has (name of child participant) ever turned his/her head around to look at something?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D21.** When lying on his/her back and being pulled up to a sitting position, did (name of child participant) ever hold his/her head stiffly so that it did not hang back as he/she was pulled up?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D22.** Has he/she ever laughed out loud without being tickled or touched?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D23.** Has he/she ever held in one hand a moderate size object such as a block or a rattle?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D24.** Has he/she ever rolled over on his/her own on purpose?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D25.** Has (name of child participant) ever seemed to enjoy looking in the mirror at him/herself?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D26.** Has (name of child participant) ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref



<p><b>D27.</b> Has (name of child participant) ever looked around with his/her eyes for a toy which was lost or not nearby?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D37.</b> INTERVIEWER : Refer to Question D2</p> <p>If age is 4 to 6 months → 1 <input type="radio"/> Go to Question D69</p> <p>Otherwise, → 2 <input type="radio"/> Go to Question D38</p>
<p><b>D28.</b> Has (name of child participant) ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D38.</b> Has (name of child participant) ever shown by his/her behaviour that he/she knows the names of common objects when somebody else names them out loud?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>
<p><b>D29.</b> INTERVIEWER : refer to Question D2</p> <p>If age is 0 to 3 months → 5 <input type="radio"/> Go to Question D69</p> <p>Otherwise → 6 <input type="radio"/> Go to Question D30</p>	<p><b>D39.</b> Has he/she ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D30.</b> Has he/she ever sat for 10 minutes without any support at all?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D40.</b> Has he/she ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>
<p><b>D31.</b> Has he/she ever pulled him/herself to a standing position without help from another person?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D41.</b> Has (name of child participant) ever walked at least 2 steps without holding on to anything or another person?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D32.</b> Has (name of child participant) ever crawled when left lying on his/her stomach?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D42.</b> INTERVIEWER : Refer to Question D2</p> <p>If age is 7 to 9 months → 3 <input type="radio"/> Go to Question D69</p> <p>Otherwise, → 4 <input type="radio"/> Go to Question D43</p>
<p><b>D33.</b> Has he/she ever said any recognizable words such as "mama" or "dada"?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D43.</b> Has he/she ever crawled up at least 2 stairs or steps?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D34.</b> Has he/she ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D44.</b> Has he/she said two recognizable words besides "mama" or "dada"?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>
<p><b>D35.</b> Has (name of child participant) ever walked at least 2 steps with one hand held or holding on to something?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D45.</b> Has (name of child participant) ever run?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D36.</b> Has (name of child participant) ever waved good-bye without help from another person?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	

**D46.** Has he/she ever said the name of a familiar object, such as a ball?

- ☐ 1 yes  
☐ 2 no  
☐ 3 DK  
☐ 4 Ref

**D47.** Has he/she ever made a line with a crayon or pencil?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D48.** Did he/she ever walk up at least 2 stairs with one hand held or holding the railing?

- ☐ 1 yes  
☐ 2 no  
☐ 3 DK  
☐ 4 Ref

**D49.** INTERVIEWER : Refer to Question D2

If age is 10 to 12 months → ☐ 5 Go to Question D69  
Otherwise, → ☐ 6 Go to Question D50

**D50.** Has he/she ever fed him/herself with a spoon or fork without spilling much?

- ☐ 1 yes  
☐ 2 no  
☐ 3 DK  
☐ 4 Ref

**D51.** Has (name of child participant) ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D52.** Has he/she ever spoken a partial sentence of 3 words or more?

- ☐ 1 yes  
☐ 2 no  
☐ 3 DK  
☐ 4 Ref

**D53.** Has (name of child participant) ever walked up stairs by him/herself without holding on to a rail?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D54.** INTERVIEWER : Refer to Question D2

If age is 13 to 15 months → ☐ 1 Go to Question D69  
Otherwise, → ☐ 2 Go to Question D55

**D55.** Has he/she ever washed and dried his/her hands without any help except for someone turning the water on and off?

- ☐ 1 yes  
☐ 2 no  
☐ 3 DK  
☐ 4 Ref

**D56.** Has he/she ever counted 3 objects correctly?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D57.** Has he/she ever gone to the toilet alone?

- ☐ 1 yes  
☐ 2 no  
☐ 3 DK  
☐ 4 Ref

**D58.** Has he/she ever walked upstairs by him/herself with no help, stepping on each step with only one foot?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D59.** INTERVIEWER : Refer to Question D2

If age is 16 to 18 months → ☐ 1 Go to Question D69  
Otherwise, → ☐ 2 Go to Question D60

**D60.** Does (name of child participant) know his/her own age and sex?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D61.** Has he/she ever said the names of at least 4 colours?

- ☐ 1 yes  
☐ 2 no  
☐ 3 DK  
☐ 4 Ref

**D62.** Has he/she ever pedalled a tricycle at least 10 feet?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D63.** INTERVIEWER : Refer to Question D2

If age is 19 to 21 months → ☐ 3 Go to Question D69  
Otherwise, → ☐ 4 Go to Question D64

**D64.** Has he/she ever done a somersault without help from anybody?

- ☐ 5 yes  
☐ 6 no  
☐ 7 DK  
☐ 8 Ref

**D65.** Has he/she ever dressed him/herself without any help except for tying shoes (and buttoning the backs of dresses)?

- 1 ☐ yes  
2 ☐ no  
3 ☐ DK  
4 ☐ Ref

**D67.** Has he/she ever counted out loud up to 10?

- 01 ☐ yes  
02 ☐ no  
03 ☐ DK  
04 ☐ Ref

**D66.** Has he/she ever said his/her first and last name together without someone's help? (Nickname may be used for first name.)

- 5 ☐ yes  
6 ☐ no  
7 ☐ DK  
8 ☐ Ref

→ Go to Question D67

**D68.** Has he/she ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?

- 05 ☐ yes  
06 ☐ no  
07 ☐ DK  
08 ☐ Ref

**D69.** INTERVIEWER : show respondent page 2 of response booklet. Next are statements about what it feels like to be a parent. Please tell me if you strongly agree, agree, disagree, or strongly disagree.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) It seems like you are so busy as a parent that you never get anything done	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) Parenting leaves you feeling drained and exhausted	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) You feel like you are doing a good job as a parent	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) Being a parent makes you tense and anxious	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) It's hard to know whether you are doing a good job or a bad job as a parent	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) Being a parent is as satisfying as you expected	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

**D70.** INTERVIEWER : show respondent page 3 of response booklet. The following questions have to do with things that (name of child participant) does and ways that you react to him/her. The responses are never, about once a week or less, a few times a week, one or two times a day, many times each day.

	never	about once a week or less	a few times a week	one or two times a day	many times each day	DK	Ref
a) How often do you praise him/her by saying something like "Good for you!" or "What a nice thing you did!" or "That's good going"?	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>
b) How often do you and he/she talk or play with each other, focusing attention on each other for five minutes or more, just for fun?	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
c) How often do you and he/she laugh together?	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>
d) How often do you tell stories or legends to him/her?	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
e) How often do you tell him/her that he/she is bad or not as good as others?	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
f) How often do you do something special with him/her that he/she enjoys?	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>
g) How often do you play sports, hobbies or games with him/her?	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>

**D71.** INTERVIEWER :

If age of child participant is 0 to 23 months

→ 1 ☐ Go to Question F1

Otherwise

→ 2 ☐ Go to Question D72



072

**INTERVIEWER :** show respondent page 4 of response booklet. Now, we know that when parents spend time together with their children, some of the time things go well and some of the time they don't go well. For the following questions, I would like you to tell me what proportion of the time things turn out in different ways, whether it is never, less than half the time, about half the time, more than half the time or all the time.

	never	less than half the time	about half the time	more than half the time	all the time	DK	Ref
a) Of all the times that you talk to (name of child participant) about his/her behaviour, what proportion is praise?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
b) Of all the times that you talk to him/her about his/her behaviour, what proportion is disapproval?	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
c) How often do you get angry when you punish him/her?	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
d) How often do you think that the kind of punishment you give him/her depends on your mood?	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
e) How often do you feel you are having problems managing him/her in general?	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
f) When you discipline him/her, how often does he/she ignore the punishment?	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
g) How often do you have to discipline him/her repeatedly for the same thing?	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>

### Section E: School, relationships and behaviour

**E1.** The next few questions are about (name of child participant)'s school experiences, relationships and behaviour. Does he/she go to school? (Include home schooling)

- 1 ☐ yes → Go to Question E6  
 2 ☐ no → Go to Question E2  
 3 ☐ DK → Go to Question E11  
 4 ☐ Ref → Go to Question E11

**E5.** **INTERVIEWER :** show respondent page 5 of response booklet. During the past 6 months, how well has (name of child participant) gotten along with his/her leaders or teachers in the program? Would you say...

- 1 ☐ Very well, no problems  
 2 ☐ Quite well, hardly any problems  
 3 ☐ Pretty well, occasional problems  
 4 ☐ Not too well, frequent problems  
 5 ☐ Not well at all, constant problems  
 6 ☐ DK  
 7 ☐ Ref

→ Go to  
Question  
E11

**E2.** Why doesn't he/she go to school? (Mark one only)

- 5 ☐ too young  
 6 ☐ something else (specify) \_\_\_\_\_  
 7 ☐ DK  
 8 ☐ Ref

**E3.** Does (name of child participant) attend any nursery school, play group, child care centre, or other early childhood program or activity?

- 1 ☐ yes → Go to Question E4  
 2 ☐ no  
 3 ☐ DK → Go to Question E11  
 4 ☐ Ref

**E4.** In general, how satisfied are you with the quality of the program? Would you say...

- 01 ☐ Very satisfied  
 02 ☐ Satisfied  
 03 ☐ Dissatisfied  
 04 ☐ Very dissatisfied  
 05 ☐ DK  
 06 ☐ Ref

→ Go to Question E5

**E6.** What school grade is (name of child participant) in?

- 01 ☐ junior kindergarten  
 02 ☐ kindergarten  
 03 ☐ grade 1  
 04 ☐ grade 2  
 05 ☐ grade 3  
 06 ☐ grade 4  
 07 ☐ grade 5  
 08 ☐ grade 6  
 09 ☐ grade 7 (in Quebec = Secondary I)  
 10 ☐ grade 8 (in Quebec = Secondary II)  
 11 ☐ grade 9 (in Quebec = Secondary III)  
 12 ☐ ungraded  
 13 ☐ DK  
 14 ☐ Ref

**E7.** Based on your knowledge of his/her school work, including his/her report cards, how is (name of child participant) doing overall at school. Would you say...

- 1 ☐ very well  
 2 ☐ well  
 3 ☐ average  
 4 ☐ poorly  
 5 ☐ very poorly  
 6 ☐ DK  
 7 ☐ Ref

<p><b>E8.</b> Does (name of child participant) receive special education because a physical, emotional, behaviour or other problem limits the kind or amount of school work he/she can do?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Rel</p>	<p><b>E11.</b> During the past 6 months, how well has he/she gotten along with other kids such as friends or classmates (excluding brothers and sisters)?</p> <p>21 <input type="radio"/> Very well, no problems</p> <p>22 <input type="radio"/> Quite well, hardly any problems</p> <p>23 <input type="radio"/> Pretty well, occasional problems</p> <p>24 <input type="radio"/> Not too well, frequent problems</p> <p>25 <input type="radio"/> Not well at all, constant problems</p> <p>26 <input type="radio"/> DK</p> <p>27 <input type="radio"/> Rel</p>
<p><b>E9.</b> In general, how satisfied are you with the education (name of child participant) is receiving? Would you say...</p> <p>01 <input type="radio"/> very satisfied</p> <p>02 <input type="radio"/> satisfied</p> <p>03 <input type="radio"/> dissatisfied</p> <p>04 <input type="radio"/> very dissatisfied</p> <p>05 <input type="radio"/> DK</p> <p>06 <input type="radio"/> Rel</p>	<p><b>E12.</b> During the past 6 months, how well has he/she gotten along with his/her parent(s)?</p> <p>1 <input type="radio"/> Very well, no problems</p> <p>2 <input type="radio"/> Quite well, hardly any problems</p> <p>3 <input type="radio"/> Pretty well, occasional problems</p> <p>4 <input type="radio"/> Not too well, frequent problems</p> <p>5 <input type="radio"/> Not well at all, constant problems</p> <p>6 <input type="radio"/> DK</p> <p>7 <input type="radio"/> Rel</p>
<p><b>E10.</b> INTERVIEWER : show respondent page 5 of response booklet Since starting school in the fall, how well has (name of child participant) gotten along with his/her teachers at school? Would you say...</p> <p>1 <input type="radio"/> Very well, no problems</p> <p>2 <input type="radio"/> Quite well, hardly any problems</p> <p>3 <input type="radio"/> Pretty well, occasional problems</p> <p>4 <input type="radio"/> Not too well, frequent problems</p> <p>5 <input type="radio"/> Not well at all, constant problems</p> <p>6 <input type="radio"/> DK</p> <p>7 <input type="radio"/> Rel</p>	<p><b>E13.</b> During the past 6 months, how well has (name of child participant) gotten along with his/her brother(s)/sister(s)?</p> <p>31 <input type="radio"/> Very well, no problems</p> <p>32 <input type="radio"/> Quite well, hardly any problems</p> <p>33 <input type="radio"/> Pretty well, occasional problems</p> <p>34 <input type="radio"/> Not too well, frequent problems</p> <p>35 <input type="radio"/> Not well at all, constant problems</p> <p>36 <input type="radio"/> Not applicable</p> <p>37 <input type="radio"/> DK</p> <p>38 <input type="radio"/> Rel</p>

Go to  
→ Question  
E11

**E14.** INTERVIEWER : show respondent page 6 of response booklet  
Now I'd like to ask you questions about how (name of child participant) seems to feel or act. We know that all kids have their ups and downs. For each statement, please tell me if it's never or not true, sometimes or somewhat true, often or very true, DK, or Rel.

	never or not true	sometimes or somewhat true	often or very true	DK	Rel
a) Can't sit still, is restless or hyperactive	001 <input type="radio"/>	002 <input type="radio"/>	003 <input type="radio"/>	004 <input type="radio"/>	005 <input type="radio"/>
b) Destroys his/her own things	006 <input type="radio"/>	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	010 <input type="radio"/>
c) Will try to help someone who has been hurt	011 <input type="radio"/>	012 <input type="radio"/>	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>
d) Steals at home	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>	019 <input type="radio"/>	020 <input type="radio"/>
e) Seems to be unhappy, sad or depressed	021 <input type="radio"/>	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	025 <input type="radio"/>
f) Gets into many fights	026 <input type="radio"/>	027 <input type="radio"/>	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>
g) Volunteers to help clear up a mess someone else has made	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	034 <input type="radio"/>	035 <input type="radio"/>
h) Is distractible, has trouble sticking to any activity	036 <input type="radio"/>	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	040 <input type="radio"/>
i) Is not as happy as other children	041 <input type="radio"/>	042 <input type="radio"/>	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>
j) Destroys things belonging to his/her family or other children	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	049 <input type="radio"/>	050 <input type="radio"/>
k) If there is a quarrel or dispute, will try to stop it	051 <input type="radio"/>	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>	055 <input type="radio"/>
l) Fidgets	056 <input type="radio"/>	057 <input type="radio"/>	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>
m) Is disobedient at school	061 <input type="radio"/>	062 <input type="radio"/>	063 <input type="radio"/>	064 <input type="radio"/>	065 <input type="radio"/>
n) Can't concentrate, can't pay attention for long	066 <input type="radio"/>	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>	070 <input type="radio"/>
o) Is too fearful or anxious	071 <input type="radio"/>	072 <input type="radio"/>	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>
p) Is impulsive, acts without thinking	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>	079 <input type="radio"/>	080 <input type="radio"/>

(Continued from previous page)

	never or not true	sometimes or somewhat true	often or very true	DK	Ref
q) Tells lies or cheats	081 <input type="radio"/>	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>	085 <input type="radio"/>
r) Offers to help other children (friend, brother or sister) who are having difficulty with a task	086 <input type="radio"/>	087 <input type="radio"/>	088 <input type="radio"/>	089 <input type="radio"/>	090 <input type="radio"/>
s) Is worried	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>	094 <input type="radio"/>	095 <input type="radio"/>
t) Has difficulty awaiting turn in games or groups	096 <input type="radio"/>	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>	100 <input type="radio"/>
u) Physically attacks people	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
v) Comforts a child (friend, brother or sister) who is crying	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>
w) Cries a lot	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>
x) Vandalizes	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
y) Threatens people	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	124 <input type="radio"/>	125 <input type="radio"/>
z) Is cruel, bullies or is mean to others	126 <input type="radio"/>	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>	130 <input type="radio"/>
aa) Is nervous, highstrung or tense	131 <input type="radio"/>	132 <input type="radio"/>	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>
bb) Will invite bystanders to join in a game	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="radio"/>
cc) Steals outside the home	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>	145 <input type="radio"/>
dd) Has trouble enjoying him/herself	146 <input type="radio"/>	147 <input type="radio"/>	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>
ee) Takes the opportunity to praise the work of less able children	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>	154 <input type="radio"/>	155 <input type="radio"/>

**SECTION F: Respondent's Health, Feelings and Support**

**F1.** The following questions ask about your general health and smoking habits. If there are any questions you do not wish to answer, please let me know and we'll skip over them. In general, would you say your health is...

- 1 ☐ excellent  
 2 ☐ very good  
 3 ☐ good  
 4 ☐ fair  
 5 ☐ poor  
 6 ☐ DK  
 7 ☐ Ref

**F2.** At the present time do you smoke cigarettes daily, occasionally or not at all?

- 01 ☐ daily → Go to Question F3  
 02 ☐ occasionally  
 03 ☐ not at all → Go to Question F4  
 04 ☐ DK  
 05 ☐ Ref

**F3.** How many cigarettes do you smoke each day now?

cigarettes

- 96 ☐ DK  
 99 ☐ Ref

**F4.** Does anyone else living in your household smoke cigarettes?

- 1 ☐ yes  
 2 ☐ no  
 3 ☐ DK  
 4 ☐ ref

**F5.** Now, some questions about alcohol consumption. During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- 5 ☐ yes → Go to Question F6  
 6 ☐ no → Go to Question F9  
 7 ☐ Ref

**F6.** During the past 12 months, how often did you drink alcoholic beverages? Would you say...

- 1 ☐ every day  
 2 ☐ 4-6 times a week  
 3 ☐ 2-3 times a week  
 4 ☐ once a week  
 5 ☐ 2-3 times a month  
 6 ☐ once a month  
 7 ☐ less than once a month  
 8 ☐ DK  
 9 ☐ Ref → Go to Question F9

**F7.** How many times in the past 12 months have you had 5 or more drinks on one occasion?

times

- 998 ☐ DK  
 999 ☐ Ref

**F8.** When was the last time you had a drink? Would you say...

- 1 ☐ within the last week  
 2 ☐ about 1-4 weeks ago  
 3 ☐ about 1-6 months ago  
 4 ☐ more than 6 months ago  
 5 ☐ DK

**F9. INTERVIEWER :** show respondent page 7 of response booklet )

The next statements describe feelings or behaviours. For each one, please tell me how often you felt or behaved this way during the past week. The responses are rarely or none of the time (less than 1 day), some or a little of the time (1-2 days), occasionally or a moderate amount of time (3-4 days), and most or all of the time (5-7 days).

	rarely or none of the time (less than 1 day)	some or a little of the time (1-2 days)	occasionally or a moderate amount of time (3-4 days)	most or all of the time (5-7 days)	DK	Ref
a) During the past week, I did not feel like eating; my appetite was poor	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) I felt that I could not shake off the blues even with help from my family or friends	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) I had trouble keeping my mind on what I was doing	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) I felt depressed	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) I felt that everything I did was an effort	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) I felt hopeful about the future	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) My sleep was restless	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
h) I was happy	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
i) I felt lonely	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
j) I enjoyed life	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
k) I had crying spells	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
l) I felt that people disliked me	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>

**F10. INTERVIEWER :**

For female respondents  
check here

1 ☐ → Go to Question F11

For male respondents  
check here

2 ☐ → Go to Question F42

**F11. These next questions are about pregnancy experiences and support. Are you pregnant or expecting a baby?**

1 ☐ yes → Go to Question F12

2 ☐ no

3 ☐ DK

4 ☐ Ref

→ Go to Question F17A

**F12. Do you know your due date?**

1 ☐ yes → 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 → Go to Question F14

2 ☐ no → Go to Question F13

3 ☐ Ref → Go to Question F14

**F13. Do you know which trimester you are in?**

4 ☐ yes - 1st trimester (one to three months)

5 ☐ yes - 2nd trimester (four to six months)

6 ☐ yes - 3rd trimester (seven to nine months)

7 ☐ no

8 ☐ DK

9 ☐ Ref

**F14. From whom do you receive pre-natal care? (Do not read list. Mark one only.)**

01 ☐ a doctor

02 ☐ a nurse

03 ☐ a midwife

04 ☐ other

05 ☐ nobody

06 ☐ DK

07 ☐ Ref

→ Go to Question F15

→ Go to Question F16

**F15. Is this care sensitive to your culture and traditions?**

1 ☐ yes

2 ☐ no

3 ☐ DK

4 ☐ Ref

**F16. Do you plan to breast feed your baby after birth?**

5 ☐ yes

6 ☐ no

7 ☐ DK

8 ☐ Ref

**F17A. INTERVIEWER :**

if the respondent is childless → 1 ☐ Go to Question F40

otherwise → 2 ☐ Go to Question F17B

**F17B. Just to reconfirm, are you (name of child participant)'s birth mother? (i.e. Did you give birth to him/her?)**

3 ☐ yes → Go to Question F18

4 ☐ no

5 ☐ Ref

→ Go to Question F40

**F18. During the pregnancy with (name of child participant) did you suffer from any of the following?**

yes no DK Ref

a) pregnancy diabetes 01 ☐ 02 ☐ 03 ☐ 04 ☐

b) high blood pressure 05 ☐ 06 ☐ 07 ☐ 08 ☐

c) other physical problems 09 ☐ 10 ☐ 11 ☐ 12 ☐



**F19.** From whom did you receive pre-natal care? (Do not read list. Mark one only.)

- 1 ☐ a doctor
- 2 ☐ a nurse
- 3 ☐ a midwife
- 4 ☐ other
- 5 ☐ nobody
- 6 ☐ DK
- 7 ☐ Ref

→ Go to Question F20

→ Go to Question F21

**F20.** At what stage in your pregnancy did you go for pre-natal care? (Mark all that apply.)

- 1 ☐ during the 1st trimester (one to three months)
- 2 ☐ during the 2nd trimester (four to six months)
- 3 ☐ during the 3rd trimester (seven to nine months)
- 4 ☐ DK
- 5 ☐ Ref

**F21.** What was your heaviest weight during your pregnancy with (name of child participant)?

1    kilograms

or

2    pounds

3 ☐ DK

4 ☐ Ref

**F22.** How much did you weigh before becoming pregnant?

5    kilograms

or

6    pounds

7 ☐ DK

8 ☐ Ref

→ Go to Question F24

**F23.** How tall are you?

1    centimetres

or

2   feet 3    inches

4 ☐ DK

5 ☐ Ref

**F24.** Did you smoke during your pregnancy with (name of child participant)?

1 ☐ yes

2 ☐ no

3 ☐ Ref

→ Go to Question F27

**F25.** How many cigarettes per day did you smoke during the pregnancy with (name of child participant)?

cigarettes

98 ☐ DK

99 ☐ Ref

→ Go to Question F27

**F26.** At what stage in your pregnancy did you smoke this amount? (Mark all that apply.)

- 1 ☐ during the 1st trimester (one to three months)
- 2 ☐ during the 2nd trimester (four to six months)
- 3 ☐ during the 3rd trimester (seven to nine months)
- 4 ☐ DK
- 5 ☐ Ref

**F27.** How frequently did you consume alcohol during your pregnancy with (name of child participant)? Would you say...

01 ☐ never → Go to Question F30

32 ☐ less than once a month

33 ☐ 1-2 times a month

34 ☐ once a week

35 ☐ 2-3 times a week

36 ☐ 4-6 times a week

37 ☐ everyday

38 ☐ DK

39 ☐ Ref

→ Go to Question F30

**F28.** On the days when you drank, how many drinks did you usually have?

1 ☐ 1 to 2 drinks

2 ☐ 3 to 4 drinks

3 ☐ 5 or more drinks

4 ☐ DK

5 ☐ Ref → Go to Question F30

**F29.** At what stage in your pregnancy did you consume this quantity? (Mark all that apply.)

01 ☐ during the 1st trimester (one to three months)

02 ☐ during the 2nd trimester (four to six months)

03 ☐ during the 3rd trimester (seven to nine months)

04 ☐ DK

05 ☐ Ref

**F30.** The following are questions concerning (name of child participant)'s birth. Was this a single birth, twins or triplets?

1 ☐ single birth

2 ☐ twins

3 ☐ triplets

4 ☐ more than triplets

5 ☐ DK

6 ☐ Ref

**F31.** What was (name of child participant)'s birth weight?

1    . 2   kilograms

or

3   pounds 4   ounces

5 ☐ DK

6 ☐ Ref

**F32.** Was (name of child participant) born before or after the due date?

1 ☐ before

2 ☐ after

→ Go to Question F33

3 ☐ no

4 ☐ DK

5 ☐ Ref

→ Go to Question F34

<p><b>F33.</b> How many days or weeks (before/after) the due date was he/she born?</p> <p>1 <input style="width: 30px; border: 1px solid black;" type="text"/> days or 2 <input style="width: 30px; border: 1px solid black;" type="text"/> weeks</p> <p>1 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>F37.</b> Compared to other babies in general, would you say that (name of child participant)'s health at birth was...</p> <p>1 <input type="radio"/> excellent</p> <p>2 <input type="radio"/> very good</p> <p>3 <input type="radio"/> good</p> <p>4 <input type="radio"/> fair</p> <p>5 <input type="radio"/> poor</p> <p>6 <input type="radio"/> DK</p> <p>7 <input type="radio"/> Ref</p>
<p><b>F34.</b> Did this child receive special medical care following birth?</p> <p>1 <input type="radio"/> yes → Go to Question F35</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK → Go to Question F37</p> <p>4 <input type="radio"/> Ref</p>	<p><b>F38.</b> Did you ever breast feed (name of child participant)?</p> <p>01 <input type="radio"/> yes → Go to Question F39</p> <p>02 <input type="radio"/> no</p> <p>03 <input type="radio"/> DK → Go to Question F40</p> <p>04 <input type="radio"/> Ref</p>
<p><b>F35.</b> What type of special medical care was received? (Mark all that apply.)</p> <p>01 <input type="radio"/> intensive care</p> <p>02 <input type="radio"/> ventilation/oxygen</p> <p>03 <input type="radio"/> transfer to a specialized hospital</p> <p>04 <input type="radio"/> other</p> <p>05 <input type="radio"/> DK → Go to Question F37</p> <p>06 <input type="radio"/> Ref</p>	<p><b>F39.</b> For how long? (Do not read list. Mark one only.)</p> <p>1 <input type="radio"/> less than one week</p> <p>2 <input type="radio"/> 1-4 weeks</p> <p>3 <input type="radio"/> 5-8 weeks</p> <p>4 <input type="radio"/> 9-12 weeks</p> <p>5 <input type="radio"/> 3-6 months</p> <p>6 <input type="radio"/> 7-9 months</p> <p>7 <input type="radio"/> more than 9 months</p> <p>8 <input type="radio"/> DK</p> <p>9 <input type="radio"/> Ref</p>
<p><b>F36.</b> For how many days, in total, was this care received?</p> <p><input style="width: 40px; border: 1px solid black;" type="text"/> days</p> <p>998 <input type="radio"/> DK</p> <p>999 <input type="radio"/> Ref</p>	<p><b>F40.</b> How many times throughout your life have you been pregnant including any pregnancies which did not go full term? Include pregnancy with (name of child participant) include current pregnancy if pregnant.</p> <p><input style="width: 40px; border: 1px solid black;" type="text"/> times</p> <p><b>F41.</b> How many live births have you had?</p> <p><input style="width: 40px; border: 1px solid black;" type="text"/> child(ren)</p>

**F42. INTERVIEWER :** show respondent page 8 of response booklet. Next are statements about feelings you may or may not have. For each one, please tell me if you strongly agree, agree, disagree, or strongly disagree.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) I have little control over the things that happen to me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) Sometimes I feel that I'm being pushed around in life	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) What happens to me in the future mostly depends on me	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) I often feel helpless in dealing with the problems of life	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) There is little I can do to change many of the important things in my life	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) I can do just about anything I set my mind to	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) There is really no way I can solve some of the problems I have	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>



**F49.**

The following statements are about families and family relationships. For each one, please indicate which response best describes your family: strongly agree, agree, disagree, or strongly disagree.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) Planning family activities is difficult because we misunderstand each other	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) In times of crisis we can turn to each other for support	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) We cannot talk to each other about the sadness we feel	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) Individuals (in the family) are accepted for what they are	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) We avoid discussing our fears or concerns	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) We express feelings to each other	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) There are a lot of bad feelings in our family	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
h) We feel accepted for what we are	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
i) Making decisions is a problem for our family	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
j) We are able to make decisions about how to solve problems	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
k) We don't get along well together	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
l) We confide in each other	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>

**TIME STOP**

Hour Minute  
     
 (24 hour clock)

### SECTION G. Contacts for follow-up

INTERVIEWER: Transcribe from front page

4 9 2 7     /      
 Project Number Program Number Sequential Family Number

**G1.**

The (name of CAPC program) is going to repeat this survey during the next year, and we will want to contact you again.

In case you move or change telephone numbers, it would be helpful if you could provide the name of someone, such as a friend or relative, who could help us contact you.

I want to emphasize that we will contact this person only if you move, and then only to obtain your new address or telephone number.

Given Name:

Family Name:

Relationship to respondent:

Address:   
 Street address/rural route  
  
 City/Town  
  
 province

Telephone No.: --  
 (area code)

**SECTION H: Interviewer's Notes****H1.** Was this interview conducted on the telephone or in person?

- <sup>1</sup> ☐ on telephone → Go to Question H3  
<sup>2</sup> ☐ in person  
<sup>3</sup> ☐ both ] → Go to Question H2  
(please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H2.** Record location of interview:

- <sup>4</sup> ☐ respondent's home  
<sup>5</sup> ☐ program site  
<sup>6</sup> ☐ somewhere else

**H3.** Record language of interview:

- <sup>21</sup> ☐ English  
<sup>22</sup> ☐ French  
<sup>23</sup> ☐ Other (specify) \_\_\_\_\_

**H4.** Was any other person (adult or child) present during this interview?

- <sup>24</sup> ☐ no  
<sup>25</sup> ☐ yes, but did not contribute any information  
<sup>26</sup> ☐ yes, provided language interpretation or translation assistance only  
<sup>27</sup> ☐ yes, and influenced the respondent's answers to a number of questions

**Comments**

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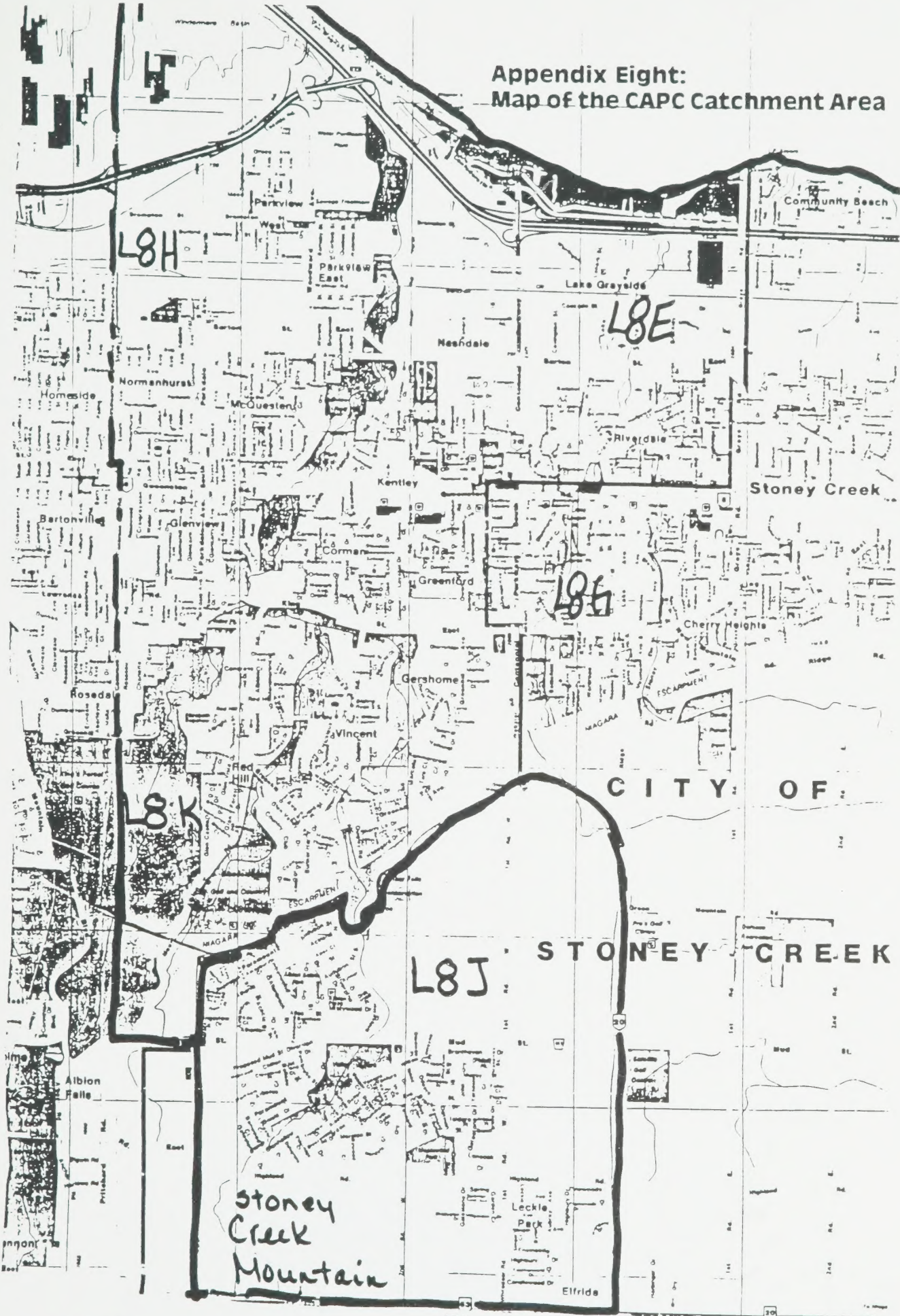
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APPENDIX EIGHT  
MAP OF THE CAPC CATCHMENT AREA





## Appendix Eight: Map of the CAPC Catchment Area



### CAPC Boundaries:

East Boundary - Fifty Road  
 West Boundary - Strathearn Ave. & Cochrane Road  
 North Boundary - to the Lake  
 South Boundary - to the Mountain Brow

### Stoney Creek Mountain:

East Boundary - Centennial Parkway (Hwy. #20)  
 West Boundary - Upper Mount Albion Road  
 North Boundary - to the Mountain Brow  
 South Boundary - Rural Road East (Hwy. #53)

CAPC Boundaries









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